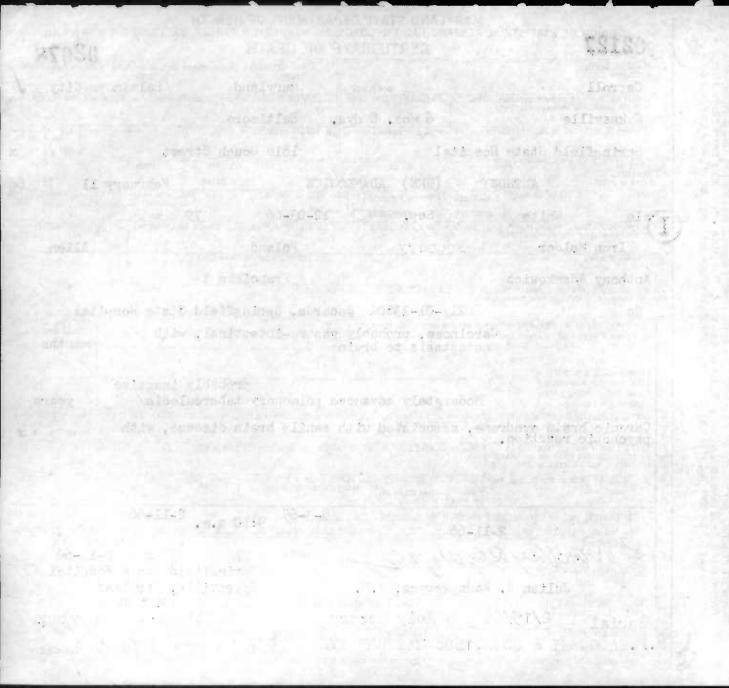
**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after de<mark>ath.</mark> Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

_	CHIE	Local Systems		CERTIFIC	AII	E UF DEATI	П				02	0.78	
1.	PLACE DE DEAT	Н			1	2. USUAL RESIDEN	ICE (Where	deceased li	ved, If in	stitution:	Residence	before ad	mission)
	a. COUNTY			Ata put a		a. STATE	200		b. coul		C		/
-			te limits	MARYLA  c. LENGTH OF STAY I		Maryla c. CITY OR TOWN (I		corporate I		timo:			t town)
		/N (If outside corpora and give nearest tov	vn)	1				corporate i	inita, wi	ILO KOKA		1	
	Sykesv			6 mos. 8							30 -		
	d. NAME OF HU	SPITAL OR INSTITUTIO	ON (if not in	hospital, give street add	iress)	d. STREET ADDRESS	5				6	. IS RES	ARM?
	Springi	field State	Hospi	tal	60	1618	Gough	Stree	t		1	ES 🗌	ND 💽
3.	NAME OF DECEASED	F	irst	Middle		Last	4. DA	TE	Mont	h	Day	Yea	ar
	(Type or print)	ANTH	ONY	(NMN) ADA	MKO	WICZ		ATH	Febr	uary	11	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	7   8	B. DATE OF BIRTH		9. AGE (	n vears	LIFTINDE	1 YEAR		24 HRS.
1	Male	White	WIDOWE			12-03-86		70	Vrs.	Months	Days	Hours	Min.
Ď	a. ISUAL OCCUPAT	TION (Give kind of work king life, even if retire		KIND OF BUSINESS OR		11. BIRTHPLACE (	County & St		-	1) 12. 0	ITIZEN	DF WHAT	
	_	Molder		oundry		Poland	1					ien	
13	. FATHER'S NAM			Outlas,		14. MOTHER'S MAI				*		LOTT	
	Anthony	Adamkowicz				Face	ciska	2					
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   10	6. SOCIAL SECURITY NO.	1 17.	INFORMANT	Loka		Addre	SS			
(Y		(ff yes give war or dates o		35 03 00/01	-								
-	No	DEATH FE-A	12	17-01-3360A	Re	cords, Spri	ingile	eld St	cate	Hosp		DUAL DE	DUCCN
	16. CAUSE OF	DEATH LERIER ORLY OF	. Carci	line for (a), (b), and (c). noma, probab	dv	gastro-inte	estina	al. wi	th			RVAL BE	
	TAKT I. DI	IMMEDIATE CAUSE	(a) me ta	stasis to br	ain	0					_moi	nths	
	1392	DUE	TO										
П	Conditions, If		(b)										
	gave rise to cause (a), s	tating the DUE						ably i					
	underlying caus		$\mathcal{L}_{(c)}$ Mod	erately adva	nce	d pulmonary	y tube	erculo	sis/	,		years	
MEDICAL CERTIFICATION		SIGNIFICANT CONDITI	ONS CONTRI	DUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASEC	ONDITION	GIVEN IN	PART 1(a)	19.	WAS AU PERFOR	
CA	Chronic	brain synd		associated w	n th	senile bra	ain di	sease	, Wi	th	YE		ND.
F	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature o	of Injury In	Part I or	Part II o	of Item 18	3.)		
CER	OR CONTRIBUT	ING CAUSE DE DEA	NER)										
A	2Dc. TIME OF	INJURY Month, Day,	Year   20d.	INJURY OCCURRED 120	e. PLA	CE OF INJURY (Home, 1	farm,   201	. (City or	town)	(Co	unty)	(S	tate)
00	Hour a.	m.	While	A Land Millie Land	facto	CE OF INJURY (Home, f ry, street, office bldg.,	etc.)						
Z	p.:		at wo			0 2 /5		. 0	77 (	/			A 100
				ded the deceased fro		0-3-05	10 a.	to	11-0	6, 19_	, tn	at (I) (W	ve) last
	saw the de	ceased alive on	2-11-0	6 19 an	d that	death occurred at	M,	from the	causes	and on	THE GATE	Stated	above.
	224/ 8161010	ndsi	DO.	1111111		ATTENDING -	MED.	STA	FF N		-11-		
1	220 BHASIGH	ANUS ANUS	cen	Miles	M.D		DIRECTOR	R L PHY	rs.				
	22c. PHYSICIA NAME (T		Rad-	adeas No T	,	22d. ADDRESS						LAT	
				ykewycz, M.I				ville,				(5)	===
23	REMOVAL (Sp	MATION, 23b. DATE ecify)	THEREOF	23c. NAME OF CEM				LOCATION				_	ate)
_	Burial	2/17/	00	Holy Ros	sar			ltimo				land	1
1 24 M	. F . SADO		NS,18	ADDRESS BOS EASTERI	Λ Τ/			EGISTRAR					
FI	.L .DADO	MDITT OF DE	TAID & IC	Marcha Ooc	H. V.	VE DAFEE	B 14	1966	10	harl	en la	edge	

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MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION	OL SIMILSII	CAL KESLAN		D3, 30			I, DALIIMO	ILL I, INA	KILENIAD	
	02128			CERTIFICA	TE (	OF DEAT	Н		020	7:1	
1.	PLACE OF DEATH				2.	USUAL RESIDE	NCE (Where de	ceased lived, If in:		dence before	admission)
	a. COUNTY	-RPall			.	a. STATE AR	VIAIVI	b. cour	A O ATP	PRA	11
	b. CITY OR TOWN (	If outside corners	te limits   c	MARYLAN LENGTH OF STAY IN		CITY OR TOWN	If outside cor	porate limits, wr	rite RURAL ar	nd give near	est town)
,	write RURAL and	give nearest to	vn)	1/1/01/1	-	11 = 141	1/1/1/	1	P	RUP	A.
4	NION B	KIPGE	KUNAL	40111		/V L- VY	71//	10501	1	I DO IS DE	SIDENCE
	d. NAME OF HUSPI	IAL UR INSTITUTI	UN (If not in nosp	Itai, give street addre	ss) a.	STREET ADDRES	5		06-1		FARM?
	BROOK FI	ELD M.	ANORN	URSING HEA	为出					YES	NO.
	NAME OF DECEASED	F	irst	Middle		Last	4. DATE	Mont	h	Day Y	ear
	(Type or print)	LULA	V101	A A	-BA	UGH	DEATH	1 6	B		66
5.	SEX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIED	1 8. D	ATE OF BIRTH	9.	AGE (In years last birthday)			
	F	W	WIOOWEO I	OIVORCEO	IAP	R 2/1	1905	o yrs.	Months D	ays Hours	s Min.
10a	. USUAL OCCUPATION	(Give kind of work	done 10b. KIND	OF BUSINESS OR	111	BIRTHPLACE	County & State	or foreign country	y)   12. CITI	ZEN OF WHA	AT.
duri	ing most of working	life, even if retire	do	JSTRY LL M	5	MARY	IAN	λ	COU	NTRY?	
13.	FATHER'S NAME	FELEI	IOWN	HOME	14.	MOTHER'S MA	IDEN NAME		4	217	
10.	/ /	16114001	. 11		6	2.05 1	111000	M 14/	ret M.	Wett	D MA
. 17	4	INMAON	///	ALL SPAINSTANCE	1/	05E /1	03040	III YYL	3/1///	115/21	11/2
15. (Ye	. WAS OECEASED EVE s, no, or unkown)   (11	R IN U.S. ARMEDF I yes give war or dates	of service) 16. SU	CIAL SECURITY NO.	L7. INFO	RMANT		Addre	ss /	URAL	4.0
	NO		216	-14-5/39	MRS C	SCAR	PETR	Y NEY	N/W	D501	mp
T	18. CAUSE OF DEA	ATH [Enter only o	ne cause per line	for (a), (b), and (c).]				-		INTERVAL B	ETWEEN
		H WAS CAUSED B'		teriasel		1. 0	NA			Me an	11
	4221			1 0- 0-	-01		111				
	Conditions, if any	DUE									
	gave rise to im	mediate	(b)								
	cause (a), stati	ing the	E TO								
z	underlying cause i	/	(c)	NATO ACCUMULATION	CLATED.	TO THE TERMINA	DICEBOECON	DITION COVEN IN	I DADT 1(a)	119. WAS #	AUTOPSY
읦	PART II. UTHER SIG	NIFICANI CONDIII	IONS CONTRIBUTI	NG TO DEATH BUT NOT	TELATED	IO THE TERMINA	L DISEASE CON	DITION GIVEN IN	ITANI 1(a)	PERFO	ORMEO?
5	2-	abete	2	Venter.	e 0	H-ermi				YES	NO G
CERTIFICATION	20a. ACCIDENT WA		20b. OES	CRIBE HOW INJURY	CCURRE	). (Enter nature	of Injury in P	art I or Part il o	of Item 18.)		
CE	(IF EITHER, NOTIF	Y MEDICAL EXAM	INER)								
MEDICAL	20c. TIME OF INJ	URY Month, Oay,	Year   20d. INJU			F INJURY (Home, reet, office bidg.		(City or town)	(Count	ty)	(State)
品	Hour a.m.	19	While at work	Not While at work	actory, st	/ eet, onice blug.	, 6(0.)				
2				the deceased from	11	10/60	19 to	2/8/1	66 19	_, that (I) -	tweet fast
			2 //alla	19 and	that do			om the causes			
	saw the decea	iseu alive ull	-14/41	, allu	that ue	ich occurred a	7 - /3tl, 11	on the causes		E SIGNEO	
	7/	2 10.1	Man			TTENOING	MED.	STAFF	21.	7/1	1.
	22c. PHYSICIAN'S		wan			HYS. 22d. ADDRESS	DIRECTOR	PHYS	12/	0/4	4
	NAME (Type		D. Br	RTSON		11-11	11/11/	250 R	m	A	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evert, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15

BURIAL, CREMATION, REMOVAL (Specify)

FUNERAL DIRECTOR

OATE THEREOF

23c.

23b.

1/65

ADDRESS REC'D BY REGISTRAR 25a. 196

NAME OF CEMETERY OR CREMATORY

25b. REGISTRAR'S SIGNATURE

or county)

(State)

LOCATION (City, town

THE STATE OF THE S Same Charles and the Control of the HEDSELEERER OWN HERE MAKILBAD USA A STATE OF THE WASTER TO SEE STATE OF THE ST THE HELDER PETRY DE LECTOR DETRY DE 18 WINDSHIT and a continue of the Dietester, Ventral House 2/2/66 7/10/66 7/10 THIL ROLLING WENT WINDSON ME I have the stone the third of the party executed within 24 hours after death. completely filled in by the funeral vy carbon papers. Pages 1 and 2 event, within 72 hours after dearn a moving TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please in should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.

CERTIFICATION

MEDICAL

24

2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02129. CERTIFICATE OF DEATH ()2081
1.	PLACE OF DEATH  a. CDUNT  a. CDUNT  a. STATE  D. COUNT  b. COUNT  b. COUNT  b. COUNT  a. STATE  D. COUNT  b. COUNT  a. STATE  D. COUNT
	b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
20	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  Urrall Go. Seneral Hosp Tleasant Valley ves \( \text{No. 18 RESIDENCE ON A FARM?} \)
	NAME DF DECEASED (Type or print)  NAME DF DECEASED (Type or print)  NAME DF DEATH Lot, 24 6 19  DEATH Lot, 24 6 19
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Jast birthday) WIDOWED DIVORCED NEVER MARRIED 7. MARRIED NEVER MARRIED 7. MARRIED NEVER MARRIED N
dur	a. USUAL OCCUPATION (Give kind of work done Industry)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State or foreign country)  12. CITIZEN OF WHAT COUNTRY  COU
7	Lowry W. Ball Garrie
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Spive war or dates of services 15 -05 -9110 - NAS Capthorize Spive war or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive war or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive war or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive war or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates of services 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates 16. Social Security No. 17. INFORMANT Capthorize Spive War or dates 16. Social Security No. 17. Social S
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), 1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TD  DUE TD  A  INTERVAL BETWEEN ONSET AND DEATH  A  A  A  A  A  A  A  A  A  A  A  A  A
-	conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) (lill) (Nomon and Emiliate College  (c) (c) (d) (lill) (Nomon and Emiliate College  (b) (lill) (Nomon and Emiliate College  (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
ERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM UNAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED? YES NO 2
ERTI	2Da. ACCIDENT WAS UNDERLYING \( \) 2Ob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  DR CONTRIBUTING \( \) CAUSE DF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) Hour a.m. While at work Not While at work 19 p.m.

21 | certify that (I) (this hospital) attended the deceased that (I) (we) last that death occurred saw the deceased alive on from the causes and on the date stated above. SIGNATUR STAFF 22b DAZE DIRECTOR

ATTENDING PHYS. ADDRE

BURIAL, CREMATION REMOVAL (Soecify) 23b. DATE THEREOF 23c CEMETERY OR CREMATORY

23<sub>d</sub> REC'D BY 25a.

(State) LOCATION (eity, town

25b.

REGISTRAR'S SIGNATURE

(State)

FEB2 1966 DATE

VR AIS 5 (4) 1/65

RYLAND STATE DEPARTMENT OF HEALTH

total .s.cl. C. Los to Maior

La grandia de la constitución de

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pluods PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) hours a. COUNTY e. STATE **b** COUNTY by the death Carrol MARYLAND þ b. CITY OR TOWN (if outside corporate limits, write RURAL and give bearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) 24 57 Pages urs afte Rural- New Windsor Middleburg-Union Bridge filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours within 72 hou Manor Nursing 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH Pearlie Mae Barnes Feb. carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR lest birthdey) Months WIDOWED Female DIVORCED hysician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Frederick Co. Md. practical nursing nurse ā 2 13. FATHER'S NAME attending I 14. MOTHER'S MAIDEN NAME Frank W. Barnes Laura Nusbaum Then the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive weror detes of service) requires that e has been signed by the New Windsor Mrs. physician. 1B. CAUSE OF DEATH [Enter only one causa par line for (e), (b), end (c).] 0 PART I. DEATH WAS CAUSED BY: Terior lers t cremation, IMMEDIATE CAUSE (a) attending DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying the hospital or a couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 98 0 CERTIFICATION prior use may be retained by the h DIRECTOR: After this c should be detached for 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) Health (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED I 20e. PLACE OF fNJURY (Home, ferm, ! 20f. (City or town) 90 fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. should State D 4...19....., and that death occurred and My, from the causes and on the date stated above saw the deceased alive on... 22a. SIGNATURE death. Page 4
TO FUNERAL director, page 611. ATTENDING / PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Robertson New Windsor, Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burlal Linganore Cemetery 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO

1966

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(State)

22b. DATE

SIGNED

YES T

.46 19 ..... that (H) (we) last

Yeer

28

USA

(County)

1 12. CITIZEN OF WHAT COUNTRY

ON A FARM?

The standard was the

THE RELEASE ...

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00122 09000

04104	OEI(TII TO/(T	- OI DEMIII			6400						
PLACE OF DEATH     a. CDUNTY     CARROLL		a. STATEMARY		ed, If Institution: R b. COUNTY	esidence before admission)						
	MARYLAND			mile melle DilbAl	and also nearest town						
b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)  Sykesville	c. LENGTH OF STAY IN 1b	Baltimor		mits, write RURAL	end give nearest town) $30-4$						
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS			e. IS RESIDENCE						
Springfield State Hospit	al	2 West Uni	versity Pa	rkway, Md.	ON A FARM? YES NO A						
3. NAME OF First DECEASED (Type or print) ROBERT PAUL	BAUER	Lest	4. DATE OF DEATH	Month February	18 1966						
5. SEX 6. COLOR OR RACE 7. MARRI male white widow		8. DATE OF BIRTH 12-6-88	9. AGE (II		1 YEAR IF UNDER 24 HRS. Days Hours Min.						
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) bookkeeper -retired Bookkeeper -retired	o. KIND DF BUSINESS OR INDUSTRY	U.S.A.	unty & State, or foreig	n country) 12. Cl	TIZEN OF WHAT						
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME								
Robert J. Bauer		Mary Ger	ben								
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   1	16. SOCIAL SECURITY NO.   17.	INFORMANT		Address							
(Yes, no, or unkown) (If yes give war or dates of service)	none Re	cords, Sprin	gfield Sta	te Hospit	al						
18. CAUSE DF DEATH (Enter only one cause pe					ONSET AND DEATH						
IMMEDIATE CAUSE (a)	IMMEDIATE CAUSE (a)										
4201 DUE TO											
	Myocardial inf	arction			days						
gave rise to immediate cause (a), stating the DUE TO											
underlying couse last. (c) Ar	tause (a), stating the										
PART II. OTHER SIGNIFICANT CONDITIONS CONTR					19. WAS AUTOPSY PERFORMED?						
E Chronic brain syndrome	assoc, with cer	ebral arteri	o. without	qualifyi	TI SYES NO TI						
PARTIL OTHER SIGNIFICANT CONDITIONS CONTR Chronic brain syndrome phrase. Schlzophrenic 20a. Accident was underlying   20b. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCC	URRED. (Enter neture of	injury in Part i or i	Part II of Item 18	.)						
2Dc. TIME OF INJURY Month, Day, Year   2Dd Hour a.m. Wh	facto	ACE OF INJURY (Home, fa ory, street, office bldg., e		town) (Cou	inty) (State)						
21. I certify that (I) (this hospital) atte	ended the deceased from	6-3-64, 19 at death occurred at 2	9 to	causes and on t	, that (I) (we) last						
22a. SIGNATURE	7 2	ATTENDING -	MED. — STA	22b. D	ATE SIGNED						
Jennik lin	acoj IIXM.	D. PHYS.	DIRECTOR PHY	s. 2-1	.0-00						
NAME (Type) Naci N. Buyuku	insal, M.D.	22d. ADDRESS Springfi	eld State	Hospital,	Sykesville						
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	(City, town or co	unty) (State)						
Burial 2/22/1966	Loudon Par	k	Baltime	ore Md							
H.W.Jenkins & Sons Co			EB 21 19	25b. REGISTRAR	s signature rles Judge						
Do		THE TOTAL			- U - V						

VR A15 (4) 15M 4-64

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Confident Southern Co. D. Berg Schleren

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district and the original length of the control of

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	12 55			GEI	KIIFIL	AII	E OF DE	АІП						34	1
1. P	LACE OF DEATI	1		7 10			2. USUAL RE	SIDENC	E (Where	deceas	sed lived, If	Institution	Residence	before ad	mission)
a	. COUNTY	7.7			3.00		a. STATE				b. C0	_			1
-	Carro			1 . 1 = 1071	MARYLA		Ma	ryla	and		- A - 10 10 -		Lto.	City	A A
, u	write RURAL	N (If outside corporation and give nearest tow	te ilmits, (n)	C. LENGIF	OF STAY	MID	c. CITY OR TO	MM (II	outside	corpor	ate limits,	Write KUK	AL and gr	ve neares	it fown)
1000		sville		Lyr.2m	105.5d	ys.	F	Bal t.	more	9			2	1 - 6	+
(		SPITAL OR INSTITUTIO	N (If not				d. STREET AD							e. IS RES	IDENCE
100											500			ONAF	
		gfield Sta						2047			fman				NO L
3. N	IAME DF	FI	rst	M	liddle		Last	. /	4. DAT	TE	Mo	nth	Oay	Yea	ır
	Type or print)	JU	NIOR		(nmn)	BU	CHANAN		DE	ATH	FEBR	UARY	23	19	66
5. S	EX	6. COLOR OR RACE	7. MARE	RIED NEVER	MARRIED	3 DC	. OATE OF BIR	RTH		9. A	GE (In year	SIFUND	ER 1 YEAR		
M-	ale	Negro	WIDO	WED 🗆	DIVORCED		6-2-95				70 yrs.	Months	Days	Hours	Min.
		TON (Give kind of work		Db. KIND OF BUS			1 11. BIRTHPL	ACE (Co	unty & St	ate, or	1 - 1.01	try)   12.	CITIZEN	OF WHAT	
durin	g most of work	ing life, even if retire	d)	INDUSTRY					1000			77	COUNTRY	/?	
		ard Laborer			NO.				aroli				U.S.	.A.	
13.	FATHER'S NAM	E					14. MOTHER'	S MAID	EN NAME	E					
	Moses H	Buchanan					I	izzi	e ?						
15. V	WAS DECEASED	EVER IN U.S. ARMED FO	RCES?	16. SOCIAL SEC	URITY NO.	17.	INFORMANT				Add	ress			
(Yes,	no, or unkown)	(If yes give war or dates o	of service)	II mlem over		D	000000	C		-7.4	CLAL	. 17			
				Unknown			ecords,	opri	rugri	erc	Stat	е ноз			
1		DEATH [Enter only on		per line for (a), (	(b), and (c).	1							ONS	RVAL BE	DEATH
	PART I. DE	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Ga	ingrene,	right	le	g						Weeks		
	4501	DUE													
110	Conditions, If			vere art	erios	cle	rosis						Ye	ears	
	gave rise to	Immediate /	(-/	77020 421	707 700	020.	. 0020				-				
	cause (a), s		ТО										F MAY		
	underlying caus		(c)										110	Wino all	TODOV
CERTIFICATION	ART II. OTHERS	brain synd	ONS CONT	RIBUTING TO DE	ATH BUT NO	TRELA	central	minald	CVOLLS	ONDI	rion given	SVODI	115.	WAS AU PERFOR	
S	meningo	vascular	with	nsveheti	e res	cti.	on as	26	X			oj pina	TIS	ES 🗍	NO X
	20a. ACCIDENT	WAS UNDERLYING ON CAUSE OF DEA	20	b. DESC RE H	OW INJURY	OCCU	RRED. (Enter na	ature of	injury in	n Part	I or Part I	I of Item	18.)		
	OR CONTRIBUTI	TIFY MEDICAL EXAMI	NER)												
		INJURY Month, Day,		od. INJURY OCCU			CE OF INJURY (H		-	_	ty or town)		County)	(5	State)
MEDICAL	Hour a.r			hile Not Wi		facto	ry, street, office	bldg., et	tc.)	(0.	., .,,	,	,		
ME	p.1	m. 19	at	work at wo	rk										
	21. I certif	y that (I) (this hos	pital) att	tended the dec	ceased fro		12-18-64		3	to_	2-23	2, 19	666, t	hat (I) (v	ve) las
		ceased alive on	the second	3 3 19	lake and	d that	death occurr	ed at 2	3 450M	from	the cause	es and or	the dat	te stated	above
	22a SIGNATUI			10		-						22b.	DATE SI	GNED	
		1.11	7	10	nol	. M.O	ATTENDING PHYS.	n !	MED. DIRECTOR		STAFF PHYS.	2 2	-23	2-6	6
4	22c. PHYSICIA	IN'S	-				22d. ADDR				eld S		Hospi	tal	
	NAME (T)	(pe) Robert M	Dee	b. M. D.	11754						le. M	_		_ 042	
020	DUDIAL ADEAL		THEREOF			LETERY	OR CREMATOR		23d.		TION (QITY			//3	tate)
23a.	BURIAL, CREM REMOVAL (Spi		THEREUF	230. NA	ME OF CEN	DI	UR CREMATOR	/	230.	200	THUN TOILY,	, LOWII OI	(county)	mal J	late)
0	URIA	4 2/20	5/64	MI	1 6 1	DL	VHKY		17.	//	,000	m	100000	HATUDE	
4	FUNERAL DIRE	CTOR /	0	ADD	DRESS	1	11 /25	-	'D BY RE	EGISTI		REGISTR		MATURE	
P.	reph &	9. Kocks	, John	13047	· Cen	la	WAR DI	FE B	25	196	66	Chary	Cay Is	udge	
			- 19								- 11		- 77 -	-71	

TO TAKE THE PERSON OF THE PERS Led manife to the State of the Colored final contraction of the Principal Common of the Commission of the at largue minute statement (Analysis of the Statement Since Configuration) colors coller. It careful and the colors of the colors of the Three by the state of the state

MARYLAND STATE DEPARTMENT OF HEALTH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF S	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	
02135	CERTIFICATE OF DEATH	020

(12135) CERTIFICAT	E UF DEATH	16180						
1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: R	esidence before admission)						
a. COUNTY Carroll MARYLAND	a. STATE Maryland b. COUNTY							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)						
(Rural) Sykesville Oy Om 6d	Baltimore 21218	30-4						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE						
Springfield State Hospital	706 E. 37th. Street	ON A FARM? YES NO X						
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year						
	Byers DEATH 2	21 19 66						
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months							
male white WIDOWED DIVORCED	5-4-82 83 yrs. Months	Days Hours Min.						
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. Cl	TIZEN OF WHAT						
Metallurgist -Retired-U.S.Gov't.	Ohio	A						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Isaac Byers	Viola Leach							
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (If yes give war or dates of service)	. INFORMANT Address							
Note 218-22-0363	Hospital Records							
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: Terminal pneumon:	ia	ONSET AND DEATH						
H200	3 1 1 1 1 1 1 1							
Conditions, if any, which \ (b)	heart disease	years						
gave rise to immediate (	-3							
underlying cause last. (c)	cleros1s	years						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI Chronic brain syndrome associated w without qualifying phrase 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?						
without qualifying phrase 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC	The state of the s	YES NO						
202. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCC OCCONTRIBUTING   CAUSE OF DEATH   200. DESCRIBE HOW INJURY OCC   (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18.							
	ACE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL fact work p.m. 19 at work at work	tory, street, office bldg.', etc.)							
21. I certify that (4) (this hospital) attended the deceased from	2-15 1966, to 2-21 196	6. that (x (we) last						
saw the deceased alive on 2-21 19 66, and the	at death occurred 4:25 M, from the causes and on the	he date stated above.						
27a. SIGNATURE	22b. D	ATE SIGNED						
My ran Water	D. ATTENDING MED. STAFF DIRECTOR PHYS.	-21-66						
22c. PHYSICIAN'S NAME (Type)	Springfield State Hospit	al						
Myron Nizankowsky, M.D.	- Principle and mobile							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)								
Burial 2/24/1966 Moreland M	emorial Pk Parkville, Ba							
H.W. Jenkins & Sons Co. 4905 York I	Road 25a. RECD BY REGISTRAR 25b. REGISTRAR	s signature						
Bol + 0 12 Md	DATE FEB 23 1966 Hours	1						

VR AI5 (4) 20M 1/65

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Lugic woll at all bis the line of the . I. M., water off middle money 1 1. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	<b>BALTIMORE 1, MARYLAND</b>
1197776	ACDITICATE OF DEATH	

	02136			CERTIF	ICAT	E OF DEAT		I, BALITATO	()	20	87		
1.	a. CDUNTY Car	roll		MARY	YLAND	2. USUAL RESIDE		eased lived, If Inst b. COUN		idence b	efore ada	vission)	
	write RURAL Syk	N (if outside corpora and give nearest to esville	vn)	c. LENGTH OF STA	da.	c. CITY OR TOWN (		porate limits, wri	te RURAL a	3 o	-4	1	
		ingfield St		hospital, give street a	address)	d. STREET ADDRESS	. J T.	Northe	rn Pa	YE	UN SE FA	DENCE ARM? NO	
3.	NAME DF DECEASEO (Type or print)	Dennis		James		Byrne, Sr.	4. DATE OF DEATH	Month 2		Day	Year		
5.	SEX Male	6. COLOR OR RACE White	7. MARRIE			12-31-79	9.	AGE (In years last birthday) 86 yrs.	FUNDER 1				
10 du	a. USUAL OCCUPAT ring most of work Clerk	IDN (Give kind of work ing life, even if retire	done 10b.	KIND OF BUSINESS OF INDUSTRY Unknown	R	11. BIRTHPLACE (			COU	ZEN OF NTRY?	WHAT		
	Patri	ck Byrne	Roche	CHENCHON									
(Y	es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates	of service)	6. SOCIAL SECURITY NO 18-05-1204A	S	ringfield	records	Addres	\$				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Nephrosclerosis - uremia										INTERVAL BETWEEN ONSET AND DEATH Years		WEEN EATH	
	conditions, if any, which gave rise to immediate (b)  Arteriosclerotic heart disease									years			
NO	cause (a), stating the DUE TD underlying cause last.    Co										years a) 119. WAS AUTOPSY		
CERTIFICATION	Chronic	brain synd qualifying was underlying	rome a	associated	with	cerebral a	rterios	clerosis			ERFORM		
	OR CONTRIBUTI	NG CAUSE OF DEA FIFY MEDICAL EXAMI INJURY Month, Day,	NER)								/04	la fa l	
MEDICAL	Hour a.n	n. 19	While at wo	Not While at work	factor	CE OF INJURY (Home, y, street, office bldg.,	etc.)	City or town)	(Count			tate)	
	saw the dec	ceased alive on_2	ital) atten -19-	ded the deceased f	ווווווווווו	death occurred a	19_65, to_ 25 p, √m	2-19 m the causes a		date s	stated a		
	22a. SIGNATUR	5'	ha o	Elm.	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DAT 2-19-	4.4	ED		
238	NAME TY	Ozgun, M. ATION, 23b. DATE		23c. NAME OF C	FMFTFRY	Springfi		te Hospi		tv)	(Sta	ite)	
	burial spe	2-23-	11	Parkwood		metery	Bal	timore,	, Md.				
	Leonard	J. Ruck	Inc E	Baltimore,	Md		0	968 gc	liarle	Ju	dge		

VR A15 (4) 20M 1/65

and Eff. age in And Mark Market & State of ALBERT ! 27-07-0E estable estable . . . . . a Service Co. BATTE MOITHEN 225-00-1200A L Surfrontes Aspendent historic - miscraloscopie d names 26 Street a trace force in that also the extention of the allers well also reference in the second of the second o 21.5 · 21.5 Carlotte V. 2-25-00 Particoloff Lunchaus Chickens, Library

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH y the funeral ages 1 and 2 s after death death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) and completely filled in by emove carbon papers. Pag any event, within 72 hours write RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? No N YES executed within NAME OF 3. First Middle 4. DATE Month Year Last Day DECEASED OF DEATH (Type or print) 19 66 6. COLOR OR RACE 7. MARRIED 5. SEX AGE (In years | IF UNDER IYEAR | IF UNDER 24 HRS. | Hours | Min. NEVER MARRIED 8. DATE OF BIRTH WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR nding physician. Then please removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? tou sewife SA OR ATTENDING PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME this certificate has been signed by the attending detached for use as the burial-transit permit. The e Dept. of Health prior to burial, cremation, or remo Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Sykesville MR. Edward 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. Massive cerebral hemorrhage 2-13-66 DUE TO Hypertension: arteriosclerosis, generalized Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. Chronic brain sindrome (c). CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES T NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) DIRECTOR: After tage 3 should be delied with the State Hour a.m. Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from November 19.65, to Feb. . 19 66, that (I) (we) last .1966, and that death occurred at IP. M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING STAFF PHYS. Feb. 14, 1966 M.D. DIRECTOR Page 4 may TO FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Sykesville, Maryland Howard E. Hall, M.D. BURIAL, CREMATION, REMOVAL, (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) -66 Loudon FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. RÉGISTRAR'S SIGNATURE VR A15 (4)

1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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upletely filled in by the funeral arbon papers. Pages 1 and 2 nt, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remay should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO 02138	N OF STATISTI	CAL RESE		OS, 301 W. PRESTON TE OF DEATH	I STREET, BALTIMOR	e 1, mary 02	LAND 089				
1.	PLACE OF DEATH e. COUNTY Carro	11		MARYLAND								
	write RURAL Sykesvil	N (If outside corpora and give nearest to 1e	ite limits, vn)	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town  Baltimore							
				ospital, give street address	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?				
Sp	ringfiel	d State Ho	spital		2800 Reist	erstown, Md.			NO DC			
	NAME OF DECEASED (Type or print)	Hel	e n	Middle	CLINTON	4. DATE Month		3 196	66			
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF last birthdey)	UNDER 1 YEAR	Hours	24 HRS.			
	emale	Negro	WIDOWED	DIVORCED _	8-31-31	34 yrs.			***************************************			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Baker  10b. KIND OF BUSINESS OR INDUSTRY Baker  10c. KIND OF BUSINESS OR INDUSTRY North Carolina  11c. CITIZEN COUNTRY Daker  11c. BIRTHPLACE (County & State, or foreign country) U.S.												
13.	FATHER'S NAM	E			14. MOTHER'S MAIDE	N NAME		85-h				
	Howard Cl				Shelton A		Carolin					
(Ye	WAS DECEASED s, no, or unkown)	EVER IN U.S. ARMED F (1f yes give war or dates	of service)		. INFORMANT  ospital Recor	Springije ds Sykesville	ld Stat	e Hos	p.			
		DEATH [Enter only or EATH WAS CAUSED BY IMMEDIATE CAUSE	ne cause per l	Ine for (a), (b), and (c).]	atation		INT	INTERVAL BETWEEN ONSET AND DEATH Minutes				
	Conditions, if any, which DUE TO  (b) Hypertensive vascular disease								?			
	gave rise to cause (a), s underlying caus	tating the DUI	то			Est Paris						
CERTIFICATION			ONS CONTRIBU	JTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PA		PERFOR				
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DE	(TH INER)	DESCRIBE HOW INJURY OC	CURRED. (Enter nature of	Injury in Part I or Part II of	Item 18.)					
MEDICAL	20c. TIME OF Hour a.i		While	Not While fac	LACE OF INJURY (Home, far story, street, office bldg., et	m, 20f. (City or town)	(County)	(S	stete)			
	21. I certif	y that 41)-(this hos	pital) attend	ed the deceased from_	Feb. 10, 19	66 to Feb. 13	, 1966, 1	hat (I) (w	ve) last			
	saw the de	ceased alive on	2/1	3 19 66, and th	nat death occurred at 3	M, from the causes a	nd on the da	te stated	above.			
22a. SIGNATURE  M.D. ATTENDING MED. STAFF DIRECTOR PHYS.   22b. DATE SIGNED												
	22c. PHYSICIA NAME (T		nel P. T	an Table 130	22d. ADDRESS	S.S. Hospital cesville, Md.						
23a	BURIAL, CREM BEMOVAL (SP BUI'181	notifie)	THEREOF	Rose Hill	RY OR CREMATORY	23d. LOCATION (City, tow Gastonia N		(Sta	ate)			

16/66 24. FUNERAL DIRECTOR ADDRESS Herbert E. Nutter-3035 W. North Ave.

Gastonia N.C. Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

DATE FEB 15

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. These I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 tools filed death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

1	02103	CERTIFICATE	: OF DEATH		02090
1	1. PLACE DF DEATH a. CDUNYY		2. USUAL RESIDENCE (W)	here deceased lived, If Institution:	Residence before admission)
ı	a. CDUNTY		a. STATE	b. COUNTY	2
1	b CITY OR TOWN (16 outside corporate limits	MARYLAND	/// C/	Colnect	al and while nearest town
ŀ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	de corporate limits, write RUR	AL and give nearest town)
1	Wistmired	19 HKS 21 M	201/	naind	06-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS	1 .	e. IS RESIDENCE DN A FARM?
	Carroll County	Jevent	Klev	Windson	YES ND
	3. NAME OF First DECEASED	Middle	Last 4.	DATE Month	Day Year
	(Type or print) Michelle	Anne		DEATH	19 66
A	5. SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH		ER 1 YEAR IF UNDER 24 HRS.
A	F WIDOWED	DIVORCED	2/8/66	last birthday) Months	Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done   1Db. Kil	ND DF BUSINESS DR	11. BIRTHPLACE (County &	& State, or foreign country)   12.	CITIZEN OF WHAT
1	2121	DUSTRY	MARYLA		COUNTRY?
1	13. FATHER'S NAME	NONE	1 / 1 / 1 / 1 / 1 / 1		0.3.
1	13. FATHERS NAME ROCKEY	0 1	14. MOTHER'S MAIDEN NA	AME /	
	taward Vaki	Tiple Co	Constance	2 086	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yes, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
1	(1135 May of distribution)	NONE	CM5 an	a Coe	kens
1	18. CAUSE DF DEATH [Enter bnly one cause per lin	ne for (a) (b) and (c) ]			INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	T 1 - 2 - 2 - 7	wester (B)	10 Thomas 1'11.	ONSET AND DEATH
1	IMMEDIATE CAUSE (a)	+mmale	akily (0)	Kinugh / 1/2	
4	16/5 DUE TO		,	/	
1	Conditions, if any, which (b)				
1	gave rise to immediate ( cause (a), stating the DUE TO				
١	underlying cause last. (c)				
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELA	TED TO THE TERM UNAL DISEAS	SECONDITION GIVEN IN PART 1(	a) 19. WAS AUTOPSY
1	Page Alina Ta	hoe the	- A(10 )	tion place	PERFORMED?
	202 ACCIDENT WAS INDEDIVING TO LOOP D	1/1000	DDED (Fator noture of Inlus	y In Part I or Port II of Item :	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE CONTRIBUTED TO THE CONTRIBUTION OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	ESCRIBE HOW INJURY OCCU	KKED. (Enter nature of mjur	y III Falt I of Fat II of Itelli .	10.)
1	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. p.m. 19 at work	JURY OCCURRED   200. PLAC	CE OF INJURY (Home, farm,	20f. (City or town) (C	ounty) (State)
1	Hour a.m. While	- NOT WHILE -	y, street, office bldg., etc.)		
1			D 1 11		
1	21. I certify that (I) (this hospital) attende		1968		that (1) (we) last
1	saw the deceased alive on	<u>≠ 19</u> , and that	death occurred at	M, from the causes and on	
1	22a. SIGNATURE		ATTENDING MED.	STAFF = 22b.	DATE SIGNED
J	Jan Mis	The M.D.	PHYS. DIREC	TOR PHYS.	16/66
1	22c. PHYSICIAN'S NAME (Type)	10	22d. ADDRESS	1 1	
	MANIE (Type) ARIMI (	green	alle	muster	
	232. BURIAL, CREMATION, 23b. DATE THEREOF,	23c. NAME OF CEMETERY	OR CREMATORY) 23	OCATION (City, town or	county) (State)
	D REMOVAL (Specify)	PIPE (101	EX/ DENI	010001111	MAITY MA
	24 FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY	REGISTRAR   25b. REGISTRA	AR'S SIGNATURE
1	() Mille Theret / N/2.	11/ 1010	// FFR 1	1 1966 Jelian	iles Judge
4	J.W. TKUPYU SOUS I YEN	YVINDSOR /	DATE DE	- 1000	0
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, vithin 72 hours after death.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)										
Carroll	a. STATE Maryland b. COUNTY Garrett										
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
	7 3 1111 7 /0										
Sykesville   2yrs.7mos.28dy											
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?									
Springfield State Hospital		YES NO K									
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year									
(Type or print) RAY JOHNSON	CROWTHERS DEATH FEBRUARY	8 19 66									
	DATE OF BIRTH I O ACE (In years   IF IINDER	YEAR IF UNDER 24 HRS.									
Male White WIDOWED DIVORCED	11-15-1886   Tast birthday   Months   79 yrs.	Days Hours Min.									
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CI	TIZEN OF WHAT									
		UNTRY?									
Druggist (retired)		.S.A.									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME										
Unk.	Urk.										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address										
	cords, Springfield State Hospi	407									
	colds, oblingiand acade nosbi										
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic h	eart disease	Years									
4-200											
Conditions, If any, which   DUE TO Generalized arteri	osolomosis	Years									
gave rise to immediate	0301610313	Tears									
cause (a), stating the DUE TO											
underlying cause last. (c)											
PARTII. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA CBS assoc. with cerebral arterioscleros	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY									
E CBS assoc. with cerebral arterioscleros	is, with psychotic reaction	PERFORMED?									
L CO. ADDIDENT WAS UNDERLYING TO LOOK DESCRIPTION AND INCOME.	DDED (F-1	land land									
G   OR CONTRIBUTING   CAUSE OF DEATH   G   (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.										
	CE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)									
Hour a.m. While Not While factor	ry, street, office bldg., etc.)	, , , , , , , , , , , , , , , , , , , ,									
Hour a.m. While Not While at work at work											
21. I certify that (I) (this hospital) attended the deceased from 6	death occurred at 5:04 M, from the causes and on the	, that (I) (we) last									
saw the deceased alive on $2-8-66$ 19 and that	death occurred at M, from the causes and on the	ne date stated above.									
22a. SICNATURE    Carrier   Carrier											
									(NAME (Type) Agustin del Campo, M. D.	Sykesville, Maryland	
									V		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)		inty) (State)									
Burial   2/10/66 Addison, Pa.		et.Pa.									
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE									
Ruth & Neuman Grantsville	e, Md. DATE B 1 1 1966 Schanle	Judge									
I I I I I I I I I I I I I I I I I I I	- 7 - I DAIL - 1- 1- 17	- // //									

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaased lived, If institution: Residence before admission) e. COUNTY CARROLL b. COUNTY 幸2年 MARYLAND and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) write RURAL and give nearest town) C- P WESTMINSTER Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address hours d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO V paper 72 3. NAME OF Dey DECEASED OF within (Typa or print) DEATH carbon 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | 8. DATE OF BIRTH IF UNDER 24 HRS. pue last birthday) remove 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done/during most of working life, even if ratirad) please C 13. FATHER'S NAME loval, 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (Ifyasgivewarordatasofservica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL 21485 IMMEDIATE CAUSE (a) DUE TO CORONARY ARTERIOSC CEROSIS Conditions, if eny, which gave rise to Immadiate causa DUF TO (a), stating the undarlying cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 38 CERTIFICATION PERFORMED? use prior NO V 2Da. ACCIDENT WAS UNDERLYING detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of itam 18.) Health OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 2 20f. (City or town) (County) (Stete) ō factory, street, office bldg., atc.) Hour e.m. While Not While DIRECTOR: at work 21. I certify that (I) (this hospital) attended the deceased from SEFT... 1966 to..... shoul saw the deceased alive on .... FEB. 22 1966, and that death occurred at 32M, from the causes and on the date stated above. 22e. SIGNATURI 22b. DATE **ATTENDING** SIGNED HOSPITAL FUNERAL page DIRECTOR PHYS. PHYS. 66 22c. PHYSICIAN'S 22d. ADDRESS rector, NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c., NAME OF CEMETERY OR CREMATORY (Stete) の意為 RPMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 256. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M S-63

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please can be carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and a my event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12142

	CHILL									
1.	PLACE OF DEATH a. COUNTY	Carroll	MARYLAND	a. STATE Max	E (Where deceased li	h COUNTY	Residence before admission)  Carroll			
Ru	b. CITY OR TOWN write RURAL a	N (If outside corporate limits and give nearest town) cesville		Lb C. CITY OR TOWN (If		limits, write RURA	L and give nearest town)			
	d. NAME OF HOSE	PITAL OR INSTITUTION (If no	t in hospital, give street addre	ss) d. STREET ADDRESS			e. IS RESIDENCE DN A FARM?			
		ld State Hospi		60 Pennsy	60 Pennsylvania Avenue					
3.	NAME DF DECEASED (Type or print)	GRACE	5teel	Day	4. DATE DF DEATH	Feb	Day Year 19-6 4			
			RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (	In years IFUNDE Irthday) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.			
female white WIDOWED DIVORCED 10/31/88 77 WIDOWED WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ COUNTRY Housewife Haryland										
13.	FATHER'S NAME			14. MOTHER'S MAID						
	Willia	am R. Steele		StabettCrowl						
15 (Ye	WAS DECEASED E	VER IN U.S. AR MED FORCES? (If yes give war or dates of service)		7. WifdRMANT Springfield F	Hospital	Address records,	Sykesville			
	18. CAUSE DF D	PATH FESTER ONLY ON COLUMN	per line for (a), (b), and (c).]		•		I INTERVAL BETWEEN			
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	erminal pneumon	ia			onset and death 5 days			
244	PART I. DEA 4221 Conditions, if a	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO any, which			ar disease					
SHIP WILL	PART I. DEA # 2 2 1 Conditions, If a gave rise to	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO any, which Immediate	erminal pneumon		ar disease		5 days			
	PART I. DEA 4221 Conditions, if a	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  any, which (b)  Immediate ating the DUE TO	erminal pneumon		ar disease		5 days			
ICATION	PART I. DEA  # 2 2 1  Conditions, If a gave rise to cause (a), sta underlying cause  PART II. OTHER SI  Chronic rea	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO Any, which immediate ating the last.  IGNIFICANT CONDITIONS CON  DYAIN SYNGTON	erminal pneumon	cardiovascul	DISEASE CONDITION	GIVEN IN PART 1(a	5 days			
CERTIFICATION	PART I. DEA  # 2 2 1  Conditions, If a gave rise to cause (a), sta underlying cause  PART II. OTHER SI  Chronic rea	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO Any, which   (b) Immediate   DUE TO ating the   DUE TO e last. (c) IGNIFICANT CONDITIONS CON brain syndrom	erminal pneumon rteriosclerotic  TRIBUTING TO DEATH BUT NOT R TRE with senile	cardiovascul	DISEASE CONDITION Se with po	GIVEN IN PART 1(a	years  19. WAS AUTDPSY PERFORMED? YES NO NO			
	PART I. DEA  Conditions, if a gave rise to cause (a), sta underlying cause PART II. OTHER SI Chronic Chronic OR CONTRIBUTIO (IF EITHER, NOTI	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  any, which (b)  Immediate (c)  IGNIFICANT CONDITIONS CON  Prain syndrous  WAS UNDERLYING (CAUSE OF DEATH  IFY MEDICAL EXAMINER)  NJURY Month, Day, Year (2)	TRIBUTING TO DEATH BUT NOT REWITH SENILE  Ob. DESCRIBE HOW INJURY O	cardiovascul	DISEASE CONDITION  Se with po  f Injury in Part I or  arm,   20f. (City or	GIVEN IN PART 1(a <b>sychotic</b> Part II of Item 1	years  19. WAS AUTDPSY PERFORMED? YES NO NO			
MEDICAL CERTIFICATION	Conditions, if a gave rise to cause (a), sta underlying cause PART II. OTHER SI Chronic Chroni	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO Anny, which by the limmediate at ling the by the limmediate at ling the by the last.  IGNIFICANT CONDITIONS CON brain syndrom  WAS UNDERLYING CAUSE OF DEATH IFY MEDICAL EXAMINER)  NJURY Month, Day, Year 2.1. 1. 19	TRIBUTING TO DEATH BUT NOT RECEIVED LANGUAGE WITH SENILE CO. DESCRIBE HOW INJURY OF THE WORK NOT WHITE AND AND WHITE WORK AT WORK THE AT W	cardiovascul  ELATED TO THE TERMINAL D  brain diseas  CCURRED. (Enter nature of  PLACE OF INJURY (Home, fa  actory, street, office bidg., e	poisease condition se with pi f injury in Part I or arm, 20f. (City or tc.)	GIVEN IN PART 1(a sychotic Part II of Item 1 town) (Co	years  19. WAS AUTDPSY PERFORMED? YES NO (State)  19. WAS AUTDPSY PERFORMED? YES (NO (State))			
	Conditions, if a gave rise to cause (a), sta underlying cause PART II. OTHER SI Chronic Chroni	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Anny, which Immediate aling the be last.  (c)  IGNIFICANT CONDITIONS CON  Drain syndron  WAS UNDERLYING CAUSE OF DEATH IFY MEDICAL EXAMINER)  NJURY Month, Day, Year  Annual Seased alive Dn 2/2	TRIBUTING TO DEATH BUT NOT RECEIVED LANGUAGE WITH SENILE CO. DESCRIBE HOW INJURY OF THE WORK NOT WHITE AND AND WHITE WORK AT WORK THE AT W	cardiovascul ELATED TO THE TERMINAL Drain diseas CCURRED. (Enter nature of PLACE OF INJURY (Home, fa	poisease condition se with pi f injury in Part I or arm, 20f. (City or tc.)	GIVEN IN PART 1(a sychotic Part II of Item 1 town) (Co	years  19. WAS AUTDPSY PERFORMED? YES NO (State)  19. WAS AUTDPSY PERFORMED? YES (We) last the date stated above.			
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MEOICAL	PART I. DEA  Conditions, if a gave rise to cause (a), sta underlying cause PART II. OTHER SI Chronic 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOT) 20c. TIME OF IT Hour a.m 21. I certify saw the dec 22a. SIGNATUR  22c. PHYSICIAN NAME (Type	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  AND HER TO  AND HER TO  BENEFICIANT CONDITIONS CON  PART BY MORE TO  WAS UNDERLYING THE TO  BY THE TO  BY THE TO  WAS UNDERLYING THE  WAS UNDERLYING THE TO  WAS UNDERLYING THE TO  WAS UNDERLYING THE  WAS UNDERLYING  WAS UNDERLYING  WAS UNDERLYING THE  WAS UNDERLYING  WAS UNDERLYING  WAS U	TRIBUTING TO DEATH BUT NOT RIBUTING TO DEATH BUT NOT RIBUTING TO DEATH BUT NOT RIBUTING TO DESCRIBE HOW INJURY OF RIBUTIN	cardiovascul  ELATED TO THE TERMINAL Drain disease  CCURRED. (Enter nature of PLACE OF INJURY (Home, fa actory, street, office bidg., e  1/9/, 11  that death Dccurred at 1  M.D. ATTENDING PHYS. 22d. ADDRESS 1	pisease condition se with pise with pise with pise with pise series.  arm, 20f. (city or etc.)  963, to 963, to 972, 264, from the med. Strongfie.  Sykesvil.	GIVEN IN PART 1(a sychotic Part II of Item 1 town) (Control of Item 1 t	years  19. WAS AUTDPSY PERFORMED? YES NO (State)  8.)  19. WAS AUTDPSY PERFORMED? YES (We) last the date stated above. PATE SIGNED  19. WAS AUTDPSY PERFORMED? YES (We) last the date stated above. PATE SIGNED  19. WAS AUTDPSY PERFORMED? YES (WE) last the date stated above.  19. WAS AUTDPSY PERFORMED? YES (WE) last the date stated above.  19. WAS AUTDPSY PERFORMED? YES (WE) last the date stated above.  19. WAS AUTDPSY PERFORMED? YES (WE) last the date stated above.  19. WAS AUTDPSY PERFORMED? YES (WE) STATE TO THE STATE T			
MEOICAL	PART I. DEA  Conditions, If a gave rise to cause (a), sta underlying cause  PART II. OTHER SI Chronic  20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOT)  20c. TIME OF IT Hour a.m p.m  21. I certify saw the dec 22a. SIGNATUR  22c. PHYSICIAN NAME (Typ  REMOVAL (Spec)  REMOVAL (SPEC)	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  ANY, which Immediate ating the alast.  IGNIFICANT CONDITIONS CON PAIN SYNCTON  WAS UNDERLYING CAUSE OF DEATH IFY MEDICAL EXAMINER)  NJURY Month, Day, Year  ANY that (this hospital) at the cased alive Dn  2/3  ATION, 23b. DATE THEREOR  (clfy) 2/8/6/6	TRIBUTING TO DEATH BUT NOT RECEIVED LANGUAGE TO THE RECEIVE LANGUAGE TO THE R	cardiovascul  ELATED TO THE TERMINAL D  brain diseas  CCURRED. (Enter nature of  PLACE OF INJURY (Home, fa actory, street, office bidg., e  1/9/, 1!  that death Dccurred at 1  M.D. ATTENDING PHYS. 22d. ADDRESS 1  ERY OR-DREMAPORY  Mem - Lardio	pringfie  Sykesvil  23d. LOCATION	GIVEN IN PART 1(a sychotic  Part II of Item 1  r town) (Compared to the sychotic of Item 1  r town) (Compared t	years  19. WAS AUTDPSY PERFORMED? YES NO [  8.)  19. WAS AUTDPSY PERFORMED? YES NO [  8.)  10. (State)			
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Erec Samuel P. Wise, TVI, M.D.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please lenter carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	010 = 5									V ~ 4	
1.	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE a. STATE	CE (Where	deceased lived, If ins		sidence before admission)	
	Carroll MARYLAND					Maryland Frederick					
		N (if outside corporate and give nearest town)	limits,	c. LENGTH OF STAY					ite RURAL	and give nearest town)	
				s. amos . 6dv		Myersvi	110			11 )	
	d. NAME OF HOS	11e SPITAL OR INSTITUTION	(if not in h	ospital, give street add	iress)	d. STREET ADDRESS	115			e. IS RESIDENCE	
						Box 7				ON A FARM?	
		gfield Stat								YES NO X	
3.	NAME OF DECEASED	First		Middle		Last	4. DAT	E Monti	1	Day Year	
	(Type or print)	DEFE	E	HILDEBRAN	DT	DEAN	DF DEA	TH FEBRU	ARY	15 1966	
5.	SEX	6. COLOR OR RACE   7	MARRIED	NEVER MARRIED	<b>18</b>	. DATE OF BIRTH			IFLINDER 1	YEAR IF UNDER 24 HRS.	
Ti	emale	White	WIDOWED	T DIVORCED		11-30-1874		91 yrs.	Months	Days Hours Min.	
		ION (Give kind of work do				11. BIRTHPLACE (Co	nunty & Sta		)   12 CIT	IZEN OF WHAT	
dur	ing most of work	ing life, even if retired)	100.1	NDUSTRY		ZZ. DINTIN ENGE (O	vancy at Sa	ice, or rollegit coultary	COL	JNTRY?	
	Housewi:	fe		-		Maryland	d		U	.S.A.	
13.	FATHER'S NAM	E			1	14. MOTHER'S MAID	EN NAME				
	John Hil		Sophie B	rown							
		EVER IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	17.	INFORMANT		Addres	S\$		
1	NO UNKOWII)	(If yes give war or dates of se		none)	Re	cords, Spr	ingfi	ield Stat	e Hos	pital	
1	18. CAUSE DF	DEATH [Enter only one of	ause per l	ine for (a), (b), and (c),	1					INTERVAL BETWEEN	
		ATH WAS CAUSED BY:	_							ONSET AND DEATH	
	11001	IMMEDIATE CAUSE (a) Pneumonitis 3 day							3 days		
	42001	DUE TO									
	Conditions, If		Ar	teriosclero	otic	cardiovas	cula	r disease		vears	
	gave rise to	Immediate (								3	
	cause (a), st	ating the									
z	underlying caus			ITANO TO DESCRIPTION				AND COLOR OF THE PARTY AND	D1 D7 14:3	LIO WAS AUTODOV	
음		SIGNIFICANT CONDITION							PART 1(a)	19. WAS AUTOPSY PERFORMED?	
CA	Chronic.	brain syndi	come i	with cerebi	ral	arterioscl	Leros	is, with		YES NO Y	
느	20d. ACCIDENT	brain syndic reaction. WAS UNDERLYING	20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	Injury In	Part I or Part II o	f item 18.)		
CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF DEATH	R)								
AL	20c. TIME OF	INJURY Month, Day, Ye	ar   20d. I	NJURY OCCURRED 120	e. PLAC	E OF INJURY (Home, fa	rm.   20f.	(City or town)	(Coun	ty) (State)	
200	Hour a.n		While			y, street, office bldg., e		(611)	(0.00.	(	
MEDICAL	р.г		at worl	k at work							
	21. I certif	y that 41-(this hospit	al) attend	ed the deceased fro	m_M.					6, that th) (we) last	
	saw the dec	ceased alive on Fe	b. 15	19 66 an	d that	death occurred at	2:30	fAmMhe causes	and on the	e date stated above.	
		a. SIGNATURE									
	ATTENDING MED STAFF W 2 3 5 66										
	M.D. PHYS. DIRECTOR PHYS. X 2-15-66										
	NAME (T)		mm, M	.D.			ille,	Marylan	d		
23a		ATION, 23b. DATE TH	EREOF	1 23c. NAME OF CEN	METERY	OR CREMATORY	1 23d.	LOCATION (City, to	own or cour	nty) (State)	
	MEMOVAL SO	ecity)	1911	St Daw	111	Zulkeron	1 4			2.	
- 24	Device DIPE	Jeb 17	11744				OID DY DE	geravil	CCICTALDIO	CICALATURE	
24	FUNERAL DIRE	177	0-	ADDRESS		/	DETENE	GISTRAR   25b. R			
1	Vaul 7.	Belle	me	erwelle	, 3	DATTE B	16	1966	liante	Judge.	
4		V	~7				-			11-0-	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please canon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the hypevent, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

-											
1.	PLACE OF DEAT a. COUNTY Carrol					a. STATE		b. cour			/
	b. CITY OR TOW	N (if outside corporate I	mits,	C. LENGTH OF STAY I		c. CITY OR TOWN (II					0
	Sykesv:	and give nearest town)		lyr.lmos.20	Ddys	Baltimo	re			30.	_4
		SPITAL OR INSTITUTION (	if not in h			d. STREET ADDRESS					S RESIDENCE ON A FARM?
	Spring	field State F	ospi	tal		1715 Ma	adison	Avenue			NO E
3.	NAME OF DECEASED	First		Middle		Last	4. DATE			Day	Year
	(Type or print)	HENF	Y .	JAMES De		JRNETT	DEAT				19 66
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED			9	. AGE (In years last birthday)			lours   Min.
1	Male		WIDOWED			3-15-96		69 yrs.			
10a	I. USUAL OCCUPATING most of work	FION (Give kind of work don ling life, even if retired)	e 10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (C	county & State	e, or foreign country		TIZEN OF UNTRY?	WHAI
1	None					Alabama		5-1	U.	S.A.	
13.	FATHER'S NAM	1E				14. MOTHER'S MAI	DEN NAME				
	Joseph :	DeJournett				Littie	e ?				
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED FORC	S? 16.	SOCIAL SECURITY NO.	17. 1	NFDRMANT		Addre	\$\$		
(10	No.	(11 yes give was or dates or se		nknown	Re	cords, Spri	ingfie:	ld State	Hospi	tal	
	18. CAUSE OF	DEATH [Enter only one ca	use per l	ine for (a), (b), and (c).					1	INTERV/	AL BETWEEN
	PART 1. D	EATH WAS CAUSED BY:	Ext	tensive bron	nchoi	oneumoni a					AND DEATH
	491	IMMEDIATE CAUSE (a)		00210210 0201						0.0	
	Conditions, If	any, which )									
	gave rise to	Immediate (	7								
	cause (a), s underlying cau	an Inch									
NC			CONTRIDI	ITING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL	DISFASE COL	NDITION GIVEN IN	PART 1(a)	119. W.	AS AUTOPSY
ATI(	Chronic	brain syndro	me,	associated 1	with	cerebral a	arteri	oscleros	s,	PE	ERFORMED?
FIC	with p	sychotic reac	tion	. Carcinoma DESCRIBE HOW INJURY	OCCUE	floor of n	nouth,	Part I or Part II o	of Itam 18	YES [	NO C
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH		DESCRIBE HOW INJUR	OCCUR	RED. (Enter nature o	n mjuty m r	alt i of Lait ii i	/ /(6/11 20./	-	
		INJURY Month, Day, Yea		NJURY OCCURRED   20	e PLAC	E OF INJURY (Home, f	arm.   20f.	(City or town)	(Cour	ntv)	(State)
MEDICAL	Hour a.		While		factor	, street, office bldg.,		(21.)			
ME		m. 19	at wor			0.0.0		0.00 6			40.4.1.4.4
		fy that (I) (this hospita	l) attend				19 30 to	A-M-			(I) (we) last
	0.000	000000 01110 011	2-22-	00 19 , an	d that	death occurred at_		rom the causes			
	22a. SIGNATU	22a. SIGNATURE 22b. DATE SIGNED  ATTENDING MED. STAFF									
	Transcal Director Dir										
	22c. PHYSICH NAME (T	vne)				22d. ADDRESS		9		-	
_		Frances Re				D OF THE TORY		ville, Ma			
23a	BURIAL, CRES		REOF	23c. NAME OF CEN	IL IERY	UK EREMATORY	230	OCATION (City, t	Own or cou	) /	(State)
0.	Remova	( 2,7)	160	119116	Ma	1814 1/30N	C'D BY REG	TETRAPI 25h P	EGISTRAR'S	SIGNAT	IIDE
24	FUNERAL DIR	ECTOR	/	ADDRESS	. /	1/2					
8	rout	11. 1100	all 1	Pilear	elle	DATA A	R 1_	1955 KG	Marl	en fre	oge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12145
CERTIFICATE OF DEATH

	<u> </u>	~ 11010
71. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Resi	idence before admission)
Carroll	a. STATE Maryland b. COUNTY Ga	arrett
b. CITY OR TOWN (if outside corporate limits.   C. LENGTH OF STAY IN 1		nd give nearest town)
write RURAL and give nearest town) Sykesville 26yrs.9mos.6dys	oakland	11-7
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address		e. IS RESIDENCE
Comingfield Ctate Vegnital	(unknown)	ON A FARM?
Springfield State Hospital  3. NAME OF First Middle	Last   4. DATE Month	Day Year
DECEASED	DF	
KAI (NOME)	1 8 DATE OF RIRTH 19 AGE (In years   IFIINDER 1)	YEAR HE LINDER 24 HRS.
7. MARKIED MEYER MARKIED A	last birthday) Months   D	ays Hours   Min.
Male   White   WIDOWED   DIVORCED   10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	1 1 1 1 1 1	IZEN OF WHAT
during most of working life, even if retired)	COU	NTRY?
Farmer -		U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harris DeWitt	Susan DeWitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, no, or unknown) ((if yes give war or dates of service)	7. INFDRMANT Address	
No (none)	Records, Springfield State Hos	spital
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Heart failure		2 weeks
4221 DUE TO		
DOC 10	ic cardiovascular disease	
gave rise to Immediate		
cause (a), stating the underlying cause last.		
	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY
Chronic Brain Syndrome with convul	lsive disorder, with psychotic	PERFORMED? YES NO
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
101	PLACE OF INJURY (Home, farm, 20f. (City or town) (Count actory, street, office bldg., etc.)	ty) (State)
Hour a.m.  p.m.  19 at work at work	secory, an eet, omorphage, etc.,	
21. I certify that (I) (this hospital) attended the deceased from.	May 9 , 1939 to Feb. 15 , 19 66	that +()-(we) last
saw the deceased alive on Fleb. 15 19.66, and t	that death occurred at 4:15M, from the causes and on the	date stated above.
22a. SIGNATURE	22b. DAT	TE SIGNED
1 hamm	M.D. ATTENDING MED. STAFF W 2-15	5-66
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) Ilse Kamm, M.D.	Sykesville, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMET	TERY OR CREMATORY 23d. LOCATION (City, town or coun	ty) (State)
Burial 2/18/66 Gortner Co	emeterv   Garrett Co.	Md
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
Gerold n. Minnebakland	Md DAFEB 21 1966 Actionles	Judge
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Dankeyear, selevans

1220 | 1 7 17

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE DF DEATH 1. a. COUNTY by the turner STATE b. COUNTY after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) physicial and completely filled in by n please carbon papers. Pag val, and in any event, within 72 hours completely filled in ve carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS executed within DATE 3. NAME OF Middle Last Month 4. DECEASED OF DEATH (Type or print) 6. COLOR OR RACE SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) COLOFS DIVORCED WIDDWED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) death certificate be INDUSTRY HOUSEN! or removal, attending ph COLUMBI SON Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unkown) (If yes give war or dates of service) TO FUNERAL DIRECTOR: After this certificate has been signed by the at director, page 3 should be detached for use as the burial-transit perm should be filed with the State Dept. of Health prior to burial, cremation, CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the Page 4 may be retained by the hospital or attending physician. PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating cause underlying cause last (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at. M. from the causes and on the date stated above. saw the deceased alive on. 10 SIGNATURE 22a. ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. 22c. PHYSIC AN'S 22d. ADDRESS NAME (Type) LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR OREMATORY 23d. REMOVAL (Specify) 12 24. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64

25b. REGISTRAR'S D BY REGISTRAR

OLL

e. IS RESIDENCE ON A FARM? NO Z

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES

DATE SIGNED

(County)

22b.

NO T

(State)

(State)

5

1966

Day

Devs

COUNTRY?

12. CITIZEN OF WHAT

Months

TENSE

Acres 1

ne 1927 1

VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02147 CERTIFICATE OF DEATH

Reg. Dist. No. 2098

1	1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNT Baltimore
and i	b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town)  Sykesville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Reisterstown
0	d. NAME OF HOSPITAL (If not in hospitat, give street or INSTITUTION Age Guest Hor	address)	d. STREET ADDRESS  84 Sacred Heart Lane  on A FARM? YES NO A
	3. NAME OF First DECEASED (Type or print) Marie	Middle Kahl	Diehl 4. DATE Month Day Year DEATH February 3, 1966
	5. SEX 6. COLOR OR RACE 7. MAR White Widow		B. DATE OF BIRTH  P. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDU	Baltimore, Maryland U. S. A.
	13. FATHER'S NAME Henry Kahl		14. MOTHER'S MAIDEN NAME- Christina
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)		могмант 844 Sacred Heart Lan . Frederick Warnken Reisterstown, Md.
0	Conditions, if any, which gove rise to immediate code (a), stating the underlying cause lost.  DUE TO  DUE TO  (c) A	ne for (o), (b), and (c).] conchial pneumo postatic pneum S.C.V.D.	nia INTERVAL BETWEEN ONSET AND DEATH
	20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. While	NJURY OCCURRED 20e. PL	D. (Enter noture of injury in Port I or Port II of item 18.)  ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)  (County) (State)
	21. I certify that I ottended the decega	66 , and the death	26., 19.66, to February 3., 19.66., that I last saw the deceased occurred of 5:45pM, from the couses and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  ADDRESS (Street, city or town, state)  DATE SIGNED  Sykesville, Maryland
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2/5/66	22c. NAME OF CEMETERY OLLOW Par	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
1	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Owings Mil	1s, Md. DATE 8 1966 Charles Cudge

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A STATE OF THE STATE OF	1.00	fort when	
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	and a stand		
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			tenestrom
	Company of the second s		terresivani

3.

CERTIFICATION

MEDICAL

death.

after

hours

within

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certificate

death

law requires that the

PHYSICIAN:

OR ATTENDING

O HOSPITAL

funeral and 2 death. after the completely filled in by the ove carbon papers. Pages event, within 72 hours of filled 9 physi ā removal attending permit. Then permit. 0 cremation, the signed by ial-trans be retained by the hospital or attending physician. Jings been so the burial, co as the b has director, page 3 should be detached for use should be fetached for use should be filed with the State Dept. of Health Page 4 may

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02148 CERTIFICATE OF DEATH PLACE DF DEATH Carroll MARYLAN CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN Middleburg 5weeks
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addresses Brookfield Manor Nursing Home NAME DE First Middle DECEASED Myrtle Tora (Type or print) SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED [ White Female WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY Housewife Own home 13. FATHER'S NAME Edward B. Miller

16. SOCIAL SECURITY ND.

DESCRIBE HOW INJURY

2Dd. INJURY OCCURRED | 20e

	a. STATE		b. COUN	YTY			
D lb c	Mary	rland outside corpo	orate limits, wr	ite RURA	L and giv	e neares	t town)
		l Tan			06	IS RESI	IDENCE ARM?
Dig	Last	4. DATE DF DEATH	Mont		Day	Yea	r
i M	nan Date of Birth (ay 30, 188 11. Birthplace (Co	7	78 vrs.	Months	Days	Hours	Min.
17. IN	Slanestill 4. MOTHER'S MAID Laura E. FORMANT	Pugh	Addre	SS			
-	Sack C. Je				INTER	RVAL BET ET AND D	
en	D TO THE TERMINAL E	athen	scler	osis	YE	WAS AU PERFORI	
PLACE	DF INITIRY (Home, fa	rm.l 20f. (C	ity or town)	(Cc	ounty)	(S	tate)

factory, street, office bldg., etc.) Hour a.m. While Not While m.q at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 22a. SIGNATURE

46 19 that (I) (we) last and that death occurred at 1.36 M. from the causes and on the date stated above. DATE SIGNED 22b. ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 66

PHYS. 22d. ADDRESS

Union Bridge, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

(State)

Burial 22,196 FUNERAL DIRECTOR

BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unkown) (If yes give war or dates of service)

Conditions, If any, which

gave rise to immediate

cause (a), stating the underlying cause last.

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year

18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).

DHE TO

**DUE TO** 

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT

J. H. Carricofe

(b)

Camp Hill Cemetery ADDRESS

REC'D BY REGISTRAR West Vir 25b.

C.O. Fuss & Son

PHYSICIAN'S NAME (Type)

Taneytown, Maryland DATE

VR A15 (4) 20M 1/65 Tropy Company of the Company of the

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral USUAL RESIDENCE (Where decessed lived, Il Institution: Residence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest write RURAL and give neerest lown === Pages IS RESIDENCE hours ON A FARM? YES NO papers. 3. NAME OF Middle Month Day Year DECEASED OF DEATH (Type or print) 19 6 and con carbon 5. SEX OR RACE DATE OF AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED remove USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or loraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 0 13. FATHER'S NAME 9569 14. MOTHER'S 0 Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORM removal, (Yes, no, or unkown) | (Il yesgiva war or dates of servica) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, the burial-transit DUE TO MATIC HEART Conditions, if any, which gave rise to immediate cause DUE TO burial, (e), stating the underlying cause last (c PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION S 0 PERFORMED? use prior NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of itam 18.) for OR CONTRIBUTING [] CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) defached MEDICAL 20a. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. 19 State Dept. Pe 19 a. Othat (I) (we) last attended the deceased from... should 12., and that deeth occured at saw the deceased alive 228. SIGNATU DATE ATTENDING SUGNED 3 TO FUNERAL.

director, page 3
be filed with the PHYS. DIRECTOR 22c. PHYSICIAN'S BURIAL. (Stata) 23a. REMOVAL (Spacify) REC'D 256. REGISTRAR'S SIGNATURE VR A1S (4) 24 1SM 7/61

hours after

certificate

The law requires that the

attending physician.

the hospital or

by be retained by DIRECTOR: After

HOSPITAL Page

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death.

Pell

complete

physician

attending

After this certificate has been signed by the

\* \* \* 是一个人,但是一个人的人,但是一个人的人,但是一个人的人,但是一个人的人的人,但是一个人的人的人,但是一个人的人的人,也是一个人的人的人,但是一个人的人的人,他 ANGREW DORSEX CHARLES SESSIE COOK WELL TO BE THE STATE OF THE STA

i and completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event, within 72 boundafter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. h any event, within 72 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please is should be filed with the State Dept. of Health prior to burial, cremation, or removal; and in

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0.02.00	
1. PLACE OF OEATH a. COUNTY MAR	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Carrot
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF ST. write RURAL and give nearest town)	
Westminster Birthal	ace 3/ Bovelle 010-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in pospital, give street	ON A FARM?
land lovery desiral	No Det 2 By 278 A YES NO [
3. NAME OF DECEASEO (Type or print) Dean Allen	Dustin de de la Contraction de
5. SEX   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIED   DIVORCE	last Dirthday) Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  10b. Kino of Business (INDUSTRY)	OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Donald C. DUSTIN	LawANNA WEAKLEY
15. WAS OECEASED EVER IN U.S. ARMEO FORCES?   16. SOCIAL SECURITY! (Yes, no, or unknown)   (If yes give war or dates of service)	NO.   17. INFORMANT Address
No N/A	Mr. Donal Dustin, Same as #2
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PRESENTATION OF THE PROPERTY	ONSET AND DEATH
7610 DUE TO 1	event news and In trail term distros Berth
gave rise to Immediate	in a series of the fear contractions
cause (a), stating the underlying cause last.	a Province Best
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMEO? YES NO
	JURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   factory, street, office bldg., etc.)
Hour a.m.  p.m.  19 at work at work	factory, street, omcobings, etc.)
21. I certify that (I) (this heepital) attended the deceased	from 2-1, 1966, to 2-1, 1966, that (1) (we) last
	and that death occurred at M. from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 2/2/66 5 Am.
NAME (Type) KARI M. Green	MD. 181 Face fold Ave, Westminster
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF FEB. 5, 1966 Emmanual	CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  L Church Cemetery, Scaggsville, Maryland
24. FUNERAL OIRECTOR ADDRESS	25a- REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Harold S. Wade, 550 Wash. Blvd., Laure	1. Maryland DATE 4 1966 Charles Judge
6-197453	

1/65 VR AI5 20M 1/

Si es cens mireld Effice es The statement of Age after of Marcane Applicate the good from the training a second of the Killed Mr. Clerca Mars 41 Farenda Commenter Bidish "1988. 5, 1965-" Shammad Organis Descripts Stanfort Line, Maryland their s. mate, 50 man town, hannel, we clear

and 2 death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

MEDICAL

23a.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

	02151	N OF STAT	FISTICA		ARCH AND R	ECORDS	PARTMENT OF 5, 301 W. PRESTOR E OF DEATH	N STRE		RE 1, I	MARYL	AND	02_
1.	PLACE OF DEATH	H			MA	RYLAND	2. USUAL RESIDENC a. STATE	E (Where d	h. COUL	YTY	Residence	before ad	mission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Sykesville  c. LENGTH OF STAY IN 1b  ll yrs. 8mos				c. CITY OR TOWN (IF			ite RURAI	and glv	neares	t town)		
	d. NAME OF HOS				hospital, give stree	t address)	d. STREET ADDRESS	adway				ON A F	ARM?
3.	NAME DF DECEASED (Type or print)		First		Middle NMN		iedman	4. DATE DF DEAT	H Febuar	y	Day 6		66
<b>5</b> .	Male Male	6. COLOR OR White		MARRIEI WIDOWEI	DIVOR	CED 🔀	8. DATE OF BIRTH 8-21-1900	9	last birthday) 65 yrs.	Months	Days	Hours	Min.
10 du	a. USUAL OCCUPATION of work Whiskey	FION (Give kind ) Ing life, even i Salesma:	of work do f retired) n	ne 1Db.	KIND OF BUSINESS INDUSTRY EXXXX WH	OR SKEY	11. BIRTHPLACE (Co		e, or foreign country LTIMORE	C	OUNTRY		
13. FATHER'S NAME Philip Friedman					14. MOTHER'S MAIDEN NAME Rosa								
15 (Y	No No.	EVER IN U.S. AR	MED FORC	ES?   16	. SOCIAL SECURITY UNKnown		INFORMANT Address pringfield State Hosp. Records					21	
	18. CAUSE DF	DEATH EEnter EATH WAS CAU IMMEDIATE	SED BY:	)	line for (a), (b), and	1 (c).]	ia (Extensi		THE COLUMN	1143	ONS	RVAL BE ET AND I	TWEEN DEATH
	Conditions, If gave rise to cause (a), si underlying caus	immediate tating the	(b) DUE TO	)									
CERTIFICATION	-	Zophren Was underly	ONDITIONS  ic re  ING     OF DEATH	actic 20b.	n Parano	id tv	TED TO THE TERMINAL D  RED. (Enter nature of				YES	WAS AU PERFOR S	

2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2Df. (City or town) (County) (State) Hour a.m. While at work Not While at work p.m. 19 21. I certify that (I) (this hespital) attended the deceased from the causes and on the date stated above. saw the deceased alive and that death occurred 22b. DATE SIGNED 22a. SIGNATURE 2-6-66 ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. \* M.D. PHYSICIAN'S NAME (Type) 22c. 22d. ADDRESS State Hosp. Sykesville.MD. Ruiz Octavio

BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 23b. NAME OF CEMETERY OR CREMATORY 2/8/66 BETH JACOB ANSHE VESHEAR & BROS.INC.6010 REISTERSTOWN FUNERAL DIRECTOR
L LEVINSON

Dr.

23d. LOCATION (City, town or county)
ROSEDALE, MARY LAND REC'D BY REGISTRAR

25a. DATE 1966 25b. REGISTRAR'S SIGNATURE

(State)

5 (4) 1/65 A15

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 2DM 1/65 DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02152 CERTIFICATE OF DEATH

九.	PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	sidence before admission)
_	b. CITY OR TOWN (if outside corporate limits.   C. LENGTH OF STAY IN 1b	116c. (Va	trace
	write RURAL and give mearest town) - //	C. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
_	Kural-Ofesherille of ife	Therap Syphorite	06-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME DF First Middle	Last   4. DATE   Month	Day Year
	DECEASED (Type or print) ELLA FRIZ	ZELL DEATH FREE,	2 1966
5.	A MARKIED NEVER MARKIED		Days Hours Min.
KY ID	a. USUAL OCCUPATION (Give kind of work done   1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CIT	TIZEN OF WHAT
du	ring most of working life, even if retired) INDUSTRY	COUNTY LAGE (County & State, or lovery) Excellent	UNTRY?
13	FATHER'S NAME	MOTUFOLD MALES WALE	J. H.
1	PARTIE STANIE	14. MOTHER'S MAIDEN NAME	1
4	Mimas Taylon Jungell	Jarah limanda Ufill	8)
(Ÿ	. WAS DECEASED EVER IN U. SARMED FORCES? 16., SOCIAL SECURITY NO. 17. es, no, or unkown) (If yes give war or dates of service)	INFORMANT	f - 5 4. 1
	no - none	v trank A. Warsey- West	muster, My
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE CA	ARDIOVASCULAR DISEASÉ	ONSET AND DEATH
	443X DUE TO		
	Conditions, if any, which \ (b) GENERAL ARTERIC	DSCLEROSIS	30+ yrs
	gave rise to immediate cause (a), stating the DUE TO		
	underlying cause last. (c) ADVANCED SENILE	E CHANGES	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES NO 1
E	2Da. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
CER	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)	(State)
	21. I certify that (I) (this hospital) attended the deceased from	935 , 19 , to 2/Feb/, 1966	_, that (i) (we) last
	saw the deceased alive op 2/Feb/66 19 and that	death occurred at 2:45 P.Mrpm the causes and on th	e date stated above.
	22a. SIGNATURE		TE SIGNED
1	M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 2/Fe	b/66
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	Wm, H. Lawson, Jr., M.D.	Box 54 RD #2, Sykesville, M	aryland
23	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or coun	nty) (State)
	BULLAN 2-5-66 Filldon	n Stokesville Vestor	16. ml
2	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	//
1/	Sutten A Haist Sukisulle n	Nd. DATE B 7 1966 Jelianle	Judge
14	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# ¥ ==

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02153
CERTIFICATE OF DEATH

e. COUNTY Carroll	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY			
III/III I LAND	Maryland Carroll c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)			
write RURAL and give nearest town)				
rural-Union Bridge, Md. 10 yrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS   0. IS RESIDENCE			
R.D. 2	R.D. 2			
N.D. 2	YES NO X			
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year			
(Type or print) CHARLES E. GAR	BER DEATH FEB. 12, 1966			
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.   Hours   Min.			
male white WIDOWED DIVORCED	2-28-1877 Rest birthdey) Months Days Hours Min.			
1Da. USUAL DCCUPATION (Give kind of work done   1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?			
retired farmer own	Maryland U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Abiel Garber	Sarah Smith			
15. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address			
(Yes, no, or unkown) (If yes give war or dates of service) 219-14-8802 Mr	s. Roger Lawrence, same as # 2			
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN			
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH			
IMMEDIATE CAUSE (a) Corelial a	notion			
Ocaditation of any subtable				
Conditions, if any, which gave rise to immediate (b)	Unknown			
cause (a), stating the DUE TO				
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?			
2 Corcinoma - Probabl	3 stomach - YES NO X			
20a. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCU- OR CONTRIBUTING   CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Pert I or Part II of Item 18.)			
factor	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) y, street, office bidg., etc.)			
Hour a.m. While Not While at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
21. I certify that (II) (this hospital) attended the deceased from 2112, 1966, to 2/12, 1966, that (I) (we) last				
	death occurred at 5 18 M, from the causes and on the date stated above.			
22a. SIGNATURE	22b. DATE SIGNED			
William & Oksuke M.D.	ATTENDING MED. DIRECTOR PHYS. D 2/13/66			
22c. PHYSIC AN'S NAME (Type)	22d. ADDRESS			
William ORounke	150 W. Main ST. Westmustand			
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY				
BURIAL 2-15-1966 Linganore	Frederick Co., Maryland			
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
C.M.Waltz, Box 241, Sykesville, M	d. DATEEB 15 1958 Acharles Judge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in a formal within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02154
CERTIFICATE OF DEATH

1. PLACE OF DEA	TH					E (Where			esidence before admission)
	Carroll		MARYLAND	a. STATE Maryland b. COUNTY					
b. CITY OR TO write RURA	WN (if outside corpora	te limits,	c. LENGTH OF STAY IN 1b					end give nearest town)	
Rural S	vkesville		12y. 5m. 27d.	Balt	imore				30-4
d. NAME OF H	OSPITAL OR INSTITUTIO	N (If not In	hospital, give street eddress)	d. STREET	ADORESS				9. IS RESIDENCE ON A FARM?
Springf:	ield State	Hospi	tal	303	Imla	Str	eet		YES NO X
3. NAME DF DECEASED (Type or print		rst izabe	Middle	Last		4. DAT			7 1966
5. SEX	6. COLOR OR RACE	7 MADDIE	D NEVER MARRIED	8. DATE OF E	RIRTH		fire	IFUNDER 1	YEAR IF UNDER 24 HRS.
female	white	WIDOWEI		9/28/					Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife					yland		ate, or foreign country	)   12. CI	TIZEN OF WHAT
13. FATHER'S NA	ME			14. MOTHE	R'S MAIOE	EN NAME			
John F	irmstein			Barbar	a Weld	ch	- The		
	DEVER IN U.S. ARMED FO		S. SOCIAL SECURITY NO.   17.	INFORMANT			Addres	S	
no, or unkown)	(If yes give war or dates o	f service)	none known Spr	ingfie	ld St	tate	Hospital	reco	rds
			line for (a), (b), end (c).]						INTERVAL BETWEEN ONSET AND DEATH
PART I.	DEATH WAS CAUSED BY IMMEDIATE CAUSE		Cardiac failu	re					days
423	0 /								
Cenditions, I	f any, which )	(b)	Arteriosclero	tic ca	rdiov	rasci	alar disea	85 <b>e</b>	years
gave rise to									
underlying ca	Stating the	(c)							
PART II. OTHER		ONS CONTRIE	BUTING TO DEATH BUT NOT RELA						19. WAS AUTOPSY
chroni	con with se	drome	with changes brain disease						PERFORMEO? YES NO
	T WAS UNDERLYING TING CAUSE OF OEA OTIFY MEDICAL EXAMI	TH NER)	OESCRIBE HOW INJURY OCCU	IRREO. (Enter	nature of	injury in	Part I or Part II o	f Item 18.	
ZOC. TIME O	FINJURY Month, Oay,	Year   20d.	INJURY OCCURRED   20e. PLA	CE OF INJURY	(Home, far	m, 20f	. (City or town)	(Cour	nty) (State)
20c. TIME OF	i.m. 19	While at wo	e Not While at work	ry, street, offic	eniug., et	٥.)			
		ital) atten	ded the decessed from	8/10/	, 19	53,	to 2/7/	, 1966	, that W (we) last
	eceased alive on	2/7/	19.66, and that	t death occu	rred at 1.C	2:500	from the causes	and on th	e date stated above.
22a. SIGNAT	URE O	3	~/ /	ATTENDIN	c M	ED.	STAFF	22b. 0	ATE SIGNEO
-orac	1 25-10	Jean	es Class M.	PHYS	D	IRECTOR	PHYS 30	-	79/66
22c. PHYSIC NAME (		dat D	uyukunsal, M.I	22d. AD			gileld St		
							sville, M		
23a. BURIAL, CRE REMOVAL (S	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATO	RY		LOCATION (City, to	wn or cou	
Burial	2/10/	56	Holy Redeeme	r Cemei	ery	I PV PF	Baltimore	CICTDAD	Md.
	RECTORILLY, Pro		O TOT Dagger	11 11 0				W/	les Judge
Lilly &	Zeiler Inc.	F. H.	Baltimore, 3	I, Md.	DATE FF	B 1	4 1966	way	and have

VR AI5 (4) 20M 1/65

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		99/11/12/3		
Lie Grand Andrews	SPIngland	at inpulsiment,		

funeral

ithin 24 hours after

death. Page (T.) be retained by the hospital or attending physician.

death. Page (T.) be retained by the hospital or attending physician.

death. Page (T.) be retained by the hospital or attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. death. Page TO FUNERA.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 09155 02106

UGIJJ	U&1UD/
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY	a. STATE b. COUNTY
MARYLAND MARYLAND	MARYLAND HARFORD.
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
write RURAL and give nearest lown)	0
Delfolante Rd	HBINGDON 12-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. 15 RESIDENCE
Halden and Ament Storie	HIDY BAKER ST YES NOW
3. NAME OF A first / Middle	Last 4. DATE Mg/th Dey Yeer
(Type or print)	OF DEATH TRAFE. 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B	. DATE OF BIRTH 9/ AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	As his (GC) (last birthday) Months Days Hours Min.
Terrible Mile WIDOWED NO DIVORCED	VOV: 4, 1881 /4 x13.
108. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Day Valle And
NONE	URYTON Ma,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY PEDDICORD	IDA V THOMPSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	NFORMANT Address
(Yas, no, or unkown) (Ifyas give war or dates of service)	1 1
- NO NONE AL	VIN B GORDON, 4102 BAKER AVE, HOING DOI
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e)	from menul orne fruit
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Conditions, if any, which (b)	ung sieurus
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cause lest. (c)	phy felicities
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OP CONTRIBUTING   CAUSE OF DEATH   CAUSE OF	. (Enter netura of injury in Part I or Part II of itam 18.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	y y made, office bogs, distif
p,m, 19 ar work ar work	A A A A A A A A A A A A A A A A A A A
21. I certify that (I) (this hospital) attended the deceased from.	19 to 19 to 19 to that (I) (we) last
saw the deceased alive on	death occured and M., from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
	D. PHYS. DIRECTOR PHYS.
226. PRYSICIAN'S, NAME (TYPE) / MAGTIN	22d. ADDRESS Heating and top Mid-
230. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (Stets)
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
BURIAL 2-4-60 LINTHICU	M CHAPEL CLARKSVILLE, MG
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR'S, SIGNATURE
F.C. HICINDOTHOM F. WATT COXU	MO OFFEB 7 1966 Jelianles Judge
1,7,101/10/1/10/1/10/1/10/1/10/1/10/1/	MY TORED ( 1300 )

13:1 MILE STREET here of Perphensia THE ME THE SERVICE BELLEVISHED SITE HIGH BUT HOUSE CAME AND WELL T

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before adgrission) PLACE OF DEATH a. COUNTY a. STATE by the financial Pages 1 urs after Carroll Maryland MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours Sykesville Baltimore completely filled in ve carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS Springfield State Hospital 600 Willow Avenue executed within 3. NAME OF DATE Month First Middle Last 4. DECEASED WILLIAM THOMAS GORDON DEATH February (Type or print) e attending physician one construct. Then please remove construct, and in any ever AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months | Days 8-25-1875 Male White 90 WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even if retired) INDUSTRY Factory Worker England certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME William Gordon ? Ann ed by the attend transit permit. cremation, or r 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
Unk. death 213-10-1790 Records. Springfield State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit or to burial, cremat OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. PART I. DEATH WAS CAUSED BY: Arteriosclerotic heart disease with congestive IMMEDIATE CAUSE (a) failure DUF TO Conditions, if any, which (b) gave rise to immediate DUE TO r this certificate has ber detached for use as the te Dept. of Health prior t (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [ detached for the Dept. of I DR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) STOR: After the should be de the state ith the State Hour a.m. While Not While at work at work 2-4-00 FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. 2-4-66 saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. PHYS. DIRECTOR Page 4 may 1 PHYS. 22c. PHYSICIAN'S 22d. **ADDRESS** Springfield State Hospital NAME (Type)Antonius Glahn, M.D. director, should be Sykesville, Maryland | 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23c. BURIAL, CREMATION, DATE THEREOF 2 REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 24. 1966

MARYLAND STATE DEPARTMENT OF HEALTH

timore City

12. CITIZEN OF WHAT

COUNTRY? Naturalized

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Year

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September 1985

death. funeral after after the Pages p hours 5 filled within etely carbon Comp executed and cian lease and in pe physic certificate 0 attending phermit. Then remova permit. 0 death cremation. the requires that the -transi à physician. signed burial-tr been attending the r Drior aw as use Health The certificate hospital or 0 PHYSICIAN: detached for the Dept. of 1 this be de State After p ATTENDING retained 0 DIRECTOR: age 3 should led with the pe page 4 may HOSPITAL

oon papers. Pag within 72 hours FUNERAL director, p

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY a. STATE b. COUNTY b. CHTY OR TOWN (if outside corporate limits. c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Baltimore 21215 200 MAME OF HOSPITAL OR INSTITUTION (if not to hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 3226 W. Garrison Ave. YES ND NAME OF Middle DATE Last Year DECEASED OF (Type or print) DEATH 19 5. SEX 6. CDLDR DR RACE DATE OF BIRTH 7. MARRIED 8. AGE (in years | IF UNDER 1 YEAR NEVER MARRIED 9. last birthday) Months Days Hours White WIDDWED 3 DIVDRCED [ 1Da. USUAL DCCUPATION (Give kind of work done I 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN DF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Hecht Dept. Clerk Store Baltimore FATHER'S NAME MOTHER'S MAIDEN NAME Hilliam Lyon Mellone
15. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unkown) (If yes give war or dates of service) Hannah Matilda Emich 16. SDC IAL SECURITYND. 17: INFORMANT Pikesville R. LeRoy Gorsuch-411 Milford Mill Rd. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Cenditions, If env. which (b) gave rise to immediate DUE TD cause (a), stating underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES ND T 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury in Pert | or Pert |) of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) MEO Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED ATTENDING MED. STAFF DIRECTOR M.D. PHYSICIAN'S NAME (Type) 22d. ADDRESS BURIAL, CREMATION, 23b. DATE THEREDE NAME OF CEMETERY DR CREMATORY LOCATION (City, town or county) (State) REMDVAL (Specify) Baltimore REGISTRAR'S SIGNATURE REC'D Loring Byers-2728 Liberty Rd. Randallstown, Md.

VR A15 (4) 20M 1/65 . A. B. B.

Balatimore 21215

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# FOR STATE HEALTH DEPT.

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O DEPUTY MEDIUM EXAMINER: This certificate should be executed within 24 hours after death. If any delay is accessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO DEPUTY MEDIC.

VR AISME (5) 5M 1/65

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fours after death

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## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04100	0.2103
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. CDUNTY
Carroll	Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearast town)	
Sykesville 1 month	Owings Mills 0 = - 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET AODRESS  e. IS RESIOENCE ON A FARM?
Springfield State Hospital	17 Walk Avenue YES ND ND
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) LAURA BELL GUI	VTER DEATH February 24 19 66
5. SEX   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (In years   IF UNOER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
Female White WIDOWEO OIVORCEO	2-8-03   63 yrs.
10e. USUAL OCCUPATION (Give kind of work done   10b. KIND DF BUSINESS OR during most of working life, even if retired)   INOUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Oklahoma U.S.A.
13. FATHER'S NAME	14. MÖTHER'S MAIDEN NAME
H. B. Arterberry	Mandy Hildeberry
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes. no. or unknown)   (If yes give war or dates of service)	INFORMANT Address
No Unknown Re	ecords, Springfield State Hospital
18. CAUSE DF DEATH [Enter only one cause per/ine for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Setteeline	The Stranger of the Stranger o
9040 OUE TO OLD AT	1 124 1 3 11 10
Conditions, if any, which \ (b) Alleles	elulitus 4-leers was
gave rise to immediate DUE TO 10 10 10	11 2014 20110
underlying cause last.	litera + armanistration state adoes
(0)	ATEO TO THE TERMINAL DISEASE CONDITION CHENNIPABET (a) 19. WAS AUTOPSY
El Ustoria Saleras & Chron	PERFORMED? YES NO VI
208. EXTERNAL CAUSE WAS   20b. DESCRIBE MDW NOTURY OCC	CURRED. (Epter nature of Interval Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REI  208. EXTERNAL CAUSE WAS PRIMARY IN OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CAUSE DEPOSATION CONTRIBUTIONS CONT	ul of waightet
	ACE OF INJURY (Home, farm,   2Df / (City or town) (County) (State)
- 13 66 While I NOT WHILE TO ME	tory, stiett, affice bldg., etc.) Societies MS
21. I certify that I took charge of the remains described above, h	
	uicide . Homicide . Undetermined manner
death resolted from: traduct causes, Accident 2,	CHIEF MEDICAL EXAMINER
ACTUAL INTROLUMINATION OF THE STATE OF THE S	M.O. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE OF COMPANY OF THE STATE OF THE STA	DEPUTY MEDICAL EXAMINER X
EXAMINER'S W. Glenn Speigher, M.D.	make Sister Alberry, Teleporthumster Carroll
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETE	المتحارات والمستحدة ومرطونات فيتم المنتسان المستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد
REMOVAL (Specify)	Memorial Gardens Finksburg, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
J. F. Eline & Sons, Reisterstown, Md	OA EEB 28 1958 Actionly Judge

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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EXAMINER: This certificate should be executed within 24 hours after death. If any delay TO DEPUTY MEDIC

_1	1		Divis	ion of STATISTIC	MARY CAL RESEA	LAND STATE	TE DEI	PARTMEN , 301 W. PR	IT OF H	EALT	H , BALTIMOI	RE 1, M	ARYLA	ND	
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may be	Opportment after deam after deam after deam	1. PLACE DF DEATH a. CDUNTY  Carroll  b. CITY OR TOWN (If outside corporate limits, writa RURAL and give nearest town)  Westminster  5 years						2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY Maryland Carroll							
Page 5 may	State Deposition after	n		SPITAL OR INSTITUTION	N (if not In ho			d. STREET AL	DDRESS		e			IS RESIDE DN A FARM ES ND	annual red
PM3. I	the 72		NAME OF DECEASED (Type or print)	Fir RANDY	Z	Middle WALTER	_ 1 /	Last HALL	4	OF DEATH	Febru	ary	0ay 23	Year 1966	
Fages 1	nt within	m	SEX nale	6. COLOR OR RACE White TON (Give kind of workd	7. MARRIEO [ WIOOWED [	NEVER MARRI OIVORC	ED .	April 1	3, 19		AGE (In years last birthdey)  yrs.	Months	Days	Hours   N	HRS.
ong with	any even	dur	ing most of work	ing life, even if retired	i) IN	DUSTRY	7R	Gettys	burh,	Pa.	sii codiidyy	C	OUNTRY	?	
Office al	removal, and in any	15	. WAS DECEASED	chard Hall	RCES?   16. S	OCIALSECURITY	10.   17.	Charl		Halm	Addre	)SS			
word "pending" in pencil in Item Chief Medical Examiner's Office			18. CAUSE DF	DEATH [Enter only ona EATH WAS CAUSED BY:	cause per li	ofor (a), (b), and		. Richa	rd Ha	11	sa	me	ONSI	RVAL BETWEET AND DEA	EN TH
edical Ex	burial-transit cremation, or		9290 Conditions, If gave rise to			iffel	lac	ieni	ng						1.
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g the word to the Chie	used to bu	CERTIFICATION	A										YES	PERFORME	0?
ficate, writing the be forwarded to the	20e. EXTERNAL CAUSE WAS PRIMARY My or CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 o									on Cor	uty	unty)	(State	e)	
rtificate d be for	Page 3 snated age	MEDIC	1:30 p.i	n. 2-23 196 y that I took charge	6 While at work	Not While at work	1			nspection	storein Ing	uiry .		in my opin	nipn
the certil 4 should b ir files.	ror: lesign			ed from: Natural	1.1.	Accident		cide,	Homicide MEDICAL EX	<b>_</b> ,	Undetermined	,		iii iii, opii	
execute t Page 4 for vour	AP 4	1.7	ACTUAL SIGNATURE	Meiler	Sp	elich	w	OEPUT	ANT MEDICAL	EXAMINE	R X	- ( <		DATE SIGN	
please director.	of Health of	238	BURIAL, CREM REMOVAL (Spo	MATION, 23b. DATE T		23c. NAME DF		OR CREMATOR		23d. LD	CATION (City,		-	Mysate	1
	In a	24	burial . FUNERAL DIRE	2/26/6	06	Meadow P	ranc	Cemet	ery 5a. REC'D	BY REGIS	TRAR   25b. I	REGISTRAR	'S SIGN	ATURE	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in postering the within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02160
CERTIFICATE OF DEATH

1. PLACE DF DEATH					2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission								
a. CDUNTY Carroll MARYLAND						a. STATE b. COUNTY  Maryland 21530 Allegany  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	h CITY DO TOWN	lif outside corporate	limits. I c.	LENGTH OF ST		c. CITY OR TOWN (If	outside corpo	rate limits, wr	Ite RURAL and	give neare	st town)		
(	D. Write RURAL a	and give nearest town)								, 0			
	A NAME OF HOS	ykesville PITAL OR INSTITUTION	(if not in boom	Om	23d	d. STREET ADDRESS	tstone		0	I A IS DE	SIDENCE		
	G. NAMIE OF HOSE	THAL OR INSTITUTION	(ii not iii nospi	tal, give street	address)	G. SIKEET ADDRESS				ON A	FARM?		
	Springf	ield State	Hospit	al					nknown	YES _	NO 🔀		
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month			ear		
	(Type or print)	MAURICE	W	oodward	d	Hartsock	DEATH	2		8 19	66		
5.	SEX	6. COLOR DR RACE 7.	MARRIED A	NEVER MARR	IED 18	. DATE OF BIRTH	9. /	AGE (In years	IF UNDER 1 Y	AR IF UNDE			
	male	white	WIDOWED	DIVDRO		4-11-00	16	ast birthday)	Months Da	/s Hours	Min.		
1Da	. USUAL OCCUPATI	ON (Give kind of work do		OF BUSINESS		11. BIRTHPLACE (C		y13.	)   12. CITIZ	EN OF WHA	T		
dur	ing most of working	ON (Give kind of work doing life, even if retired)	INDU	STRY			,		COUN	TRY?			
	FATHER'S NAME	operator	000 000	040		Maryland			USA				
13.						14. MOTHER'S MAID	DEN NAME						
	Ensley	Hartsock				Clara Wi	illison						
		VER IN U.S. ARMED FORC		IAL SECURITY		INFORMANT		Addre	5\$				
	Ostal	(11 As2 fline wat ot dates of se	214	05-5776	He	ospital Rec	cords						
		EATH [Enter only one of	ause ner line	for (a) (b) and	(c) ]				1.1	NTERVAL BI	ETWEEN		
		ATH WAS CAUSED BY:				Cailuna				NTERVAL B	DEATH		
	.12	DEATH WAS CAUSED BY: Congestive Heart failure weeks											
	4001	4 d-0 1 DUE TO											
		Conditions, If any, which ) [b] Infarctive myocardial fibrosis with adhesive								unknown			
	gave rise to cause (a), sta		peric	ardium									
	underlying cause		eart diseas	У	years								
NO	PART II. DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTIN	G TO DEATH BU	T NDT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)				19. WAS A			
CAT	Chronic	sychotic re	rome d	ue to	cerebi	al arterios	sclerosi	.8	PERFORMED?				
CERTIFICATION		WAS UNDERLYING			ILIBA OCCIT	RRED. (Enter nature of	Finlury in Pari	l or Part II o	f Item 18.)	120 18.			
ERI	DR CONTRIBUTION	NG 🗂 CAUSE OF DEATH		okide non in.	JOK 1 0000	MALD: (LINCO HATAIO O	i injury in run						
		IFY MEDICAL EXAMINE									(01.1.1		
SA	2Dc. TIME OF II	NJURY Month, Day, Ye		RY OCCURRED	20e. PLAC	CE OF INJURY (Home, fary, street, office bldg., e	arm, 20f. (C	Ity or town)	(County	)	(State)		
MEDICAL	p.m	G00 G00 G00	While at work	Not While		•	040						
-		that (1) (this hospit			from	1 15 1	966 tn	2 8	1966	that (1)- (	we) last		
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	22a, SIGNATUR	24M file deceased alles bit - a girl file deafii pocolled at the mis the caoses and bit the date stated appear											
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	22c. PHYSICIAN	214	(0)(0)(0)		M.D	PHYS. 22d. ADDRESS	DIRECTOR	PHYS.					
	NAME (Ty		Klaat	sch, M.	D.		42 65	oto Was	2 4 . 7				
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		****** **** ****			-	0	1 001 100	ATION (OIL )			(atate)		
232	BURIAL, CREMA	ATION, 23b. DATE TH				OR CREMATDRY		ATION (City, to			State)		
	Burial	2/10/66		Sunset		ial Park	Cumbe	erland 1	Rt3 Mar	yland	State)		
24	Burial	2/10/66				ial Park	Cumbe	erland l	Rt3 Mar	yland			

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desired and an arrangement of the second senfited, the off arthur 1900 Interestive appointed Laborate vitte adheated annually demand oldows Toso Preduct alegals of the liverage of 6.9 at the

Tage 4 may be retained by the hospital of according by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02161 CERTIFICATE OF DEATH 12112

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY						
		IARYLAND	Maryland Carroll					
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)					
	New Windsor year	S	New Win	ndsor		06-1		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	et address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
	Church Street		Church	Stree	et	YES NO NO		
3.	NAME OF First Middle	1	Last	4. DATE	Month	Day Year		
	(Type or print) EDGAR (IAPKSON	HOL	1611	DEATH	Februa	rv 3 1966		
5.	SEX 6. COLOR ON RACE 7. MARRIED NEVER MAR	RIED	B. DATE OF BIRTH	9.	ACE (In years LIE	TINDED 1 YEAR HE HINDER 24 HRS		
	Male White WIDOWED DIVO	RCED	mly 22. 1	879	last birthday) M	onths Days Hours Min.		
10a	. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINES:		11. BIRTHPLACE (C			12. CITIZEN OF WHAT		
aur	Ing most of working life, even if retired) INDUSTRY		Monrelo	n d		USA		
13.	farmer   own farm		Marylai	FN NAME		USA		
					,			
15	Warwick C. Hough . WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURIT	VNO 1 17	Susanna	a Farc	uhar	7 . 7		
(Ye	is, no, or unkown) (If yes give war or dates of service)					rederick		
	No None None	Wi	lliam C. I	Hough	Rural	-Maryland		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ar	nd (c).]				INTERVAL BETWEEN ONSET AND DEATH		
3	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteria	1-	- tind	UD		M CONSET AND DEATH		
	4221 alien	-cre		16.6				
	Conditions, If any, which ) (b) Epith	0.	>			years!		
	gave rise to immediate	1 von	na .	ore				
	cause (a), stating the DUE TO							
Z	underlying cause last. (c)					TACA WAS AUTODOV		
TIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UTNOTRELA	TED TO THE TERMINAL D	DISEASE CONL	DITION GIVEN IN PA	RT1(a) 19. WAS AUTOPSY PERFORMED?		
IC.						YES NO		
RT.	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW I	NJURY OCCU	RRED. (Enter nature of	Injury in Pa	rt I or Part II of I	tem 18.)		
MEDICAL CERTIFICATION	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
CAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED		CE OF INJURY (Home, fa	rm, 20f. (	City or town)	(County) (State)		
03	Hour a.m. While Not While at work at work	Tacto	ry, street, office bldg., e	10.)				
2		d from	1. la /2 1	944. to	2/3/11	10 that III Make last		
	21. I certify that (I) (this hospital) attended the decease					, 19, that (I) <b>Det</b> last ind on the date stated above.		
	saw the deceased alive on 2/1/44 19	_, and that	death occurred at	Z/2M, Tro		nd on the date stated above.		
	22a. SIGNATURE D		ATTENDING +	MED.	STAFF	220. DATE STONED		
	ME Robertson	M.D	. PHYS.	DIRECTOR _	PHYS.	2/3/46		
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	1.75 2	daan N	bee Erred		
	M. E. Robertson		1// (	ew MTI	ndsor, M	aryrand		
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME O	F CEMETERY	OR CREMATORY	23d. LO	CATION (City, tow	n or county) (State)		
	Burial 2/6/66 Quaker	Ceme	terv	Uni	on Bride	ge Maryland		
24				O'D BY REGIS		ISTRAR'S SIGNATURE		
1	DIV Shatelatin King Hour 11	indo	AL) DATE B	8 10	366 sel	anlas Quelos		
1	on surger vision, Hen a	MUNI	DATE		100			

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

				_	
CFRI	TIFIC	ATE	OF	DE	ATH

02113

MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Carroll							
c. LENGTH OF STAY IN 15  5 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rural, Westminster							
	d. STREET ADDRESS  Westminster, Md. R. D. 2  o. IS RESIDENCE ON A FARM? YES \( \subseteq \) NO \( \subseteq \)							
L. Middle Hu	mbert Lost Humbert	4. DATE Mor OF DEATH Pet	oruary 16 19 66					
	5/26/1894	9. AGE (In years lost birthdoy) 71 yrs.	Months Days Hours Min.					
Her own Home.	Carroll Co	ounty, Md,	12. CITIZEN OF WHAT COUNTRYS					
		Add t, Westminster						
leg due to leten	orderon; De	ihetes Melli	2 ~ 3 Y r S  2 ~ 3 Y r S  VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \text{NO} \( \text{NO} \)					
20d. INJURY OCCURRED 20e. PL While Not while fo to work of work tended the deceased fram	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	, 20f. (City or town)						
pho-	M.D. ATTENDING ME PHYS. DI 22d. ADDRESS 851	2W Greah	2/17/66 5 t					
	Street oddress)  Nor Nursing Home  L. Middle Hu  L. Middle	Trite c. LENGTH OF STAY IN 16  5 Days  Street oddress)  C. CITY OR TOWN (IF o Rural, Street oddress)  C. STREET ADDRESS  Westminste  L. Middle Humbert Last  Humbert  MARRIED NEVER MARRIED B. DATE OF BIRTH  DOWED DIVORCED 5/26/1894  10b, KIND OF BUSINESS OR INDUSTRY  Her own Home.  Carroll Co  14. MOTHER'S MAIDEN N  May Yeise  16. SOCIAL SECURITY NO.  None  Per line for (o), (b), and (c).  ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI  ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI  L. DESCOBE HOW INJURY OCCURRED  While Not while of work of foctory, street, office bidg., etc.  19. L. ATTENDING  M.D. PHYS.  ATTENDING  M.D. ATTENDIN	C. LENGTH OF STAY IN 16  5 Days  Rural, Westminster  d. STREET ADDRESS  Westminster, Md. R. D. 2  d. DATE  OBATH  Fet  MARRIED NEVER MARRIED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  11. BIRTHPLACE (Stote or foreign country)  Her own Home.  Carroll County, Md.  14. MOTHER'S MAIDEN NAME  May Yeiser  Plo. SOCIAL SECURITY NO.  None  14. MOTHER'S MAIDEN NAME  May Yeiser  Post Line for (a), (b), and (c).  Westminster  Add  Add  Describe How Injury OCCURRED, (Enter nature of injury in Port I or Port II of item 18.)  DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.)  20d. INJURY OCCURRED  MAD  MILE  19.6., and that death accurred at 8 P. M., from the causes are the decaded from.  ATTENDING  PHYS.  DIRECTOR  PHYS.  DIRECTOR  PHYS.  DIRECTOR  PHYS.  PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bidg., etc.)  DIRECTOR  PHYS.  PLACE OF INJURY (Home, farm, 120f. (City or town) foctory, street, office bidg., etc.)  DIRECTOR  PHYS.  22d. ADDRESS 85 1/2 U. G. F. 244.					

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and vin any event, within 72 hours after death.

VR AI5 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH (12114
1.	PLACE OF DEATH a. COUNTY a. COUNTY Description: Residence before admission)
	CARROLL MARYLAND MARYLAND CARROLL
- 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
11	WIDN BRIDGE RURAL YEARS VINIAN BRIDGE RURAL 06-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	MIDDLEBURG MIDDLEBURG YES NO NO
3.	NAME OF First Middle Last 4. DATE Month Oay Year DECEASED DF
5.	(Type or print) RAYMOND ROBERT JOHNSON DEATH FEB 2/ 1966 SEX 6. COLOR OR RACE 17 MARDIED NEVED MARDIED 18. OATE OF BIRTH 19. AGE (IN years   IFUNDER 14 HRS.
٥.	last birthday) Months I Days Hours   Min.
10a	USUAL OCCUPATION (Give kind of work done   10b. KIND DF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
dur	Ing most of working life, even if retired)  INDUSTRY  COUNTRY?
13.	FATHER'S NAME 14. MOTHER'S MAIOEN NAME
	GEORGE JOHNSON MARCARET CONET
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITYND.   17. INFORMANT Address RIPAH
(Ye	s, no, or unknown) (If yes give war or dates of service) 214-34-456 NFLLIF JOHNSON UNION BRIDGE MD
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]
	PART I. DEATH WAS CAUSED BY: Carepro vascular accident leasthan Tour
	331X DUE TO
Н	Conditions, If any, which) (b) creprogressed atheres & larger
	gave rise to immediate cause (a), stating the DUE TO
_	underlying cause last. (c)
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FIC	Hypertensue Cardio Vascular desease YES NO X
ERT	Do. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)
2	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
0 0	Hour a.m. While Not While factory, street, office bldg., etc.)
M	p.m. 19   at work
	21. I certify that (I) (this hospital) attended the deceased from 8 1991, to 1994, that (I) (we) last saw the deceased alive on 18 1994, and that death occurred at 1994, from the causes and on the date stated above.
	22a. SIGNATURE ,   22b. DATE SIGNED
	ATT. (aricale M.D. ATTENDING MED. STAFF PHYS.   Fab 2 1946
	22c. PHYSICIAN'S NAME (Type) T H CORIGINATE PART PART PART
	SIT CARICORE UNION DAIDGE "ID
23a	REMOVAL (Specify)
24	SURIAL 2/24/66 AHUGHS LANDRESS LAS RECIDENCE REGISTRARIAS SIGNATURE

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death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PLACE OF DEATH	E OF DEATH    2. USUAL RESIDENCE (Where deceased lived, If institution:	115
a. CDUNTY Carroll MARYLAND	a. STATE b. CDUNTY	Residence Defore admirssion
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. City DR IDWN (if outside corporate limits, write RURA	L end give nearest town
d. NAME DF HOSPITAL DR INSTITUTION (if not in hospitel, give street eddress	419 ORIOLE AVENUE 2122X4	e. IS RESIDENCE DN A FARM?
Springfield State Hospital 3. NAME DF First Middle	X2926xXiandondxiboad	YES NO
DECEASED (Type or print)	Last 4. DATE Month OF DEATH	Day Year
5. SEX   6. CDLOR DR RACE   7. MARRIED   NEVER MARRIED	8. DATE DF BIRTH 9. AGE (In years IF UNDE	19 1966 R 1 YEAR    FUNDER 24 HR
Female White WIDOWED DIVORCED	9-17-84X 83 82 87X yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Nousewife		CITIZEN DE WHAT COUNTRY? SA
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME	OA .
RYNYK JONES THOMAS QUADE	FRANCISK XINOY HARRIET LACE	v
	MRS NETTIE NEVAKER, 2046 WHIS	
No None Sp	oringfield Hospital records, Sy	kesville. M
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	FAICURF	DAYS
The del DUE TO DIE TO		00 111
Cenditions, If any, which gave rise to immediate (b)		MONTH
cause (a), stating the DUE TD underlying cause last.	. H.D.	YES.
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI  CBS associated with senile brain with  2Da. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	PERFORMED?
2Da. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HDW INJURY DCC	CURRED. (Enter nature of injury in Part I or Part II of Item 1:	YES NO S
20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PL fact Phour a.m. While p.m. 19 at work at work	ACE DF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (State)
21. I certify that (I) (this hospital) attended the deceased from_	Mar. 15, 1965 to Feb. 19, 19	66, that (I) ( <b>T</b> e) las
saw the deceased alive on Feb., 19 1966, and the	at death occurred at 1:30P. Then the causes and on	the date stated above
122a. SIGNATURE Dennytungen	.b. ATTENDING MED. STAFF PHYS. PHYS.	DATE SIGNED
22c. PHYSICIAN'S NAME (Type) NAME (Type) NAME (Type)	22d. ADDRESS Springfield State A.  Sykesville, Md.	ospital
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER		ounty) (State)
BURLAL (Specify) 2/22/66 LOUDON PARK	CEMECERY BALTIMORE,	MARYLAND
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	F1
HUBBARD FUNERAL HOME, 4107 WILKENS AVE.	21229 DATE B 2 3 1956 Milliant	es Judge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled i director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h The law requires that the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02165			CERTIF	ICATE	OF DEATH		112	116	
1.	PLACE OF DEATH	4		MAR	YLAND	2. USUAL RESIDENCE a. STATE Maryland	E (Where deceased lived, If ins b. COUN Ralt.			re admission)
	b. CITY OR TOW	N (If outside corpora and give nearest tow	te limits,	c. LENGTH OF STA			outside corporate limits, wr	Ite RURAL 8	and give ne	arest town)
5	ykesvill	.e	vn)	25 days	- 1	Baltimore		2	1- 1	1
		SPITAL OR INSTITUTION	ON (If not in hos	spital, give street	address)	d. STREET ADDRESS				RESIDENCE
5	pringfie	ld State H	ospital			5005 Liber	rty Heights Av	e.	YES [	A FARM?
3.	NAME OF OECEASEO (Type or print)	FAI	Irst NNIE	Middle (NMN)		Last KAMANITZ	4. OATE Month	RY 13	Oay 3	Year 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRII	ED C 8	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1	YEAR IF U	IOER 24 HRS.
	Female	White	WIOOWEO [	OIVORC	EO 🗍	Unk.	9. AGE (In years last birthday) 58? 59 %.	Months	Jays Ho	urs   Min.
10a dur		ION (Give kind of work ing life, even if retire	done 10b. KIN	NO OF BUSINESS O OUSTRY	PR		ounty & State, or foreign country	12. CIT	TIZEN OF W JNTRY?	HAT
13.	Domest FATHER'S NAM					Maryland		US	i.A.	
	Simon K	25 20 10 10 10 10 10 10						,		
15		EVER IN U.S. ARMEO FO	DCES2   16 6	OCIAL SECURITY N	0 1 17	Goldie (I	last name unk.			
(Ye	s, ne, or unkewn)	(If yes give war or dates o	of service)							
	No			ık.		ecords, Spri	Ingfield State	Hospi		
		OEATH (Enter only on EATH WAS CAUSED BY	,						ONSET A	ND OEATH
	// // /	IMMEDIATE CAUSE	(a) Neph	roscleros	is				Yea	rs
	496X	DUE		-l					-	
	Conditions, If gave rise to		(b) Bron	chopneumo	nia				Day	S
	cause (a), si	tating the DUE	Cono	nalized a	ntoni	osclerosis			Vac	
Z	underlying caus		(0)				ISEASE CONDITION GIVEN IN	DART 1/a)	Yea:	S AUTOPSY
ATIC	PARTIT. OTHERS	SIGNIFICANT CONOTT	ON S CONTRIBUT	ING TO OLATH BUT	NUIKELA	IED TO THE TERMINAL D	USEASE CONOLLION GIVEN IN	PARTIL(a)	PER	FORMED?
IFIC	200 ACCIDENT	WAS HALDED! VINC	1 205 01	FOODIDE HOW IN	UDV DOOLU	DED (Fator acture of	Injury in Part I or Part II o	f lion 10 \	YES	NO DC
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING DING CAUSE OF DEATIFY MEDICAL EXAMI	TH NER)	ESCRIBE HOW INJU	DK1 OCCUI	KKED. (Enter nature of	injury in Part I or Part II o	i item 10.)		
		INJURY Month, Oay,		JURY OCCURRED	20a PI AC	E OF INJURY (Home, fa	rm, 20f. (City or town)	(Coun	itv)	(State)
MEDICAL	Hour a.r	n.	While at work [	Not While	factor	y, street, office bldg., e	tc.)	(Ooun	9)	(01310)
4		y that (i) (this hos			110111	18-66 , 1	to 2-13-66 M, from the causes	, 19	_, that (	) (we) last
		ceased alive on 2-	-13-00	19,	and that	death occurred at	M, from the causes	and on the	e date sta	ted above.
	22a. SIGNATUI	estre de	00 (16	mpo		ATTENOING !	MEO. — STAFF —			===1
	22c PHYSICIA	IN'S	u ca	vinjoe.	M.D.			2-14-		
	22c. PHYSICIA NAME (T)	(pe) Agustin	del Cam	ро, М. D.		Si	oringfield Starkesville, Mary	rland	pital	
23a	BURIAL, CREM	ATION, 23b. OATE	THEREOF	-		OR CREMATORY	23d. LOCATION (City, to	own or coun	ity)	(State)
,	ZREMOVAL (Spe	// //	466	3N41	156	rel	Balt:		MD	
24	. FUNERAL OIRE	CTOR	SAN- 3	ADDRESS OF THE	nid	AUE   25a. REC	O BY REGISTRAR 25b. R	EGISTRAR'S	SIGNATUR	(E

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removar and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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DIVISION OF STATISTIC	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND
12100	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	02117

1.	a. COUNTY	Carrol	1	MARYLAND	2. USUAL RE a. STATE		nere deceased li	ved, If Inst b. COUN		ence before	admission)
-	b. CITY OR TOW	N (If outside corpora and give nearest tow	te Ilmits,	c. LENGTH OF STAY IN 1		WN (If outsid	te corporate	limits, wri	te RURAL and	d give near	est town)
R		kesville	11)	11 months	Rel+	imore		2	1 - 4	1	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (If not Ir	hospital, give street addres	d. STREET AD			~	0		ESIDENCE
S	pringfie	ld State H	ospit	al	919 W.	38th	Street			YES _	NO -
3.	NAME OF DECEASED		rst	Middle	Last		DATE OF	Month		Day Y	'ear
	(Typa or print)	Pearl		Linder	Kelly		DEATH	2		1 19	66
5.	SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	8. DATE OF BIR	TH	9. AGE (		FUNDER 1 Y		
	emale	white	WIDOWE	DIVORCED T	7/11/	86	79	yrs.	Months   Da	ys Hour	s Min.
10a dui	Ing most of work  Domesti	ION (Give kind of work ing life, even if retire	done 10b.	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA		State, or forei		12. CITIZ COUN		JSA
13	FATHER'S NAM	E			14. MOTHER'S		ME				
	Willia	m Byron			Sen	nett					
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   1	6. SOCIAL SECURITY NO.   1	7. INFORMANT	4000		Addres	\$		
(YI		(If yes give war or dates o	f service)	Tana C.	and a best a l	a Wass	24.2	200	3 - 0-	la a a and	77-
	NO 18. CAUSE OF	DEATH CEnter cely ce		r line for (a), (b), and (c).]	pringfiel	d nosp	ital r	ecor			
		ATH WAS CAUSED BY							1	NTERVAL E	
	10	IMMEDIATE CAUSE		<u>teriosclerotic</u>	heart dis	sease				Years	
	4000	DUE									
	Cenditions, If gava risa to		(b) AC	ute pulmonary	artery in	raretic	n			Minut	es
	cause (a), si		TO								
_	underlying caus		(c)								
CERTIFICATION	Chronic	brain syn	ONS CONTRI	BUTING TO DEATH BUT NOT R	HATE TO THE TERM	BYALPISEAS	Pring 4.	SC1	rosis	PERFO	NO
RTIFI	20a, ACCIDENT	WAS UNDERLYING	1 20b.	DESCRIBE HOW INJURY OF	CURRED. (Enter na	ture of injury	In Part I or	Part II of	Item 18.)	YES X	NO []
	(IF EITHER, NO	NG CAUSE OF DEATIFY MEDICAL EXAMI	VER)								
MEDICAL	20c. TIME OF	NJURY Month, Day,	Year   20d.	INJURY OCCURRED   20e. P	LACE OF INJURY (H	ome, farm,	20f. (City or	town)	(County	)	(State)
ED	Hour a.n		Whi at we	THE THE POPULATION OF THE POPU	ctory, street, office b	oldg., etc.)					
2					3/1/	10.65	1. 2	/1/	1066	that #	(wa) look
			1/31/	19.66 and t	3/1/ hat death occurre	19 92	a.m.	1 =/	., 19 <u>vv</u>	that w	(we) last
	22a. SIGNATUR	2000000	ay JI	19 00 and the	nat death occurre	للمحلالة ال	uz, from the	causes a	22b. DATE		d anove.
	(hos	1/2	1	· d	ATTENDING	MED.	STA	FF 🖂			
	22c. PHYSICIA	N'S	guy	Method &	VI.D. PHYS.		TOR PHY			/66	. 3
	NAME (T)	mal lam	jat E	Buyukunsal, M	.D.	obi	ingfie esvill	e. M	tate H arylan	osp11	al
23a	REMOVAL (Spe	ATION, 23b. DATE	HEREOF	23c. NAME OF CEMETE	ERY OR CREMATORY	23	d. LOCATION	(City, to	wn or county	) (	State)
	Burial	Jan.3.1	966	Baltimore 1			Baltin			Maryla	and
	. FUNERAL DIRE	CTOR		ADDRESS		a. REC'D BY	REGISTRAR				
1	Wm. Cook-	Brooks, Inc		1217 St. Paul	Street FA	EB 7	1966	gely	meles &	udge	
_					- 40		TEAL	#	- 1		

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Man Height Daymennell M.D. Cherry Land Land

CARROLL c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) . IS RESIDENCE ON A FARM? YES NO P Month 1966 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Deys Hours Months 10 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Gettysburg. Penna. U.S.A. Address Mrs. Elizabeth Osborne Kinser same INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20f. (City or town) (County) (Steta) Inquiry and in my opinion Undetermined manner ASSISTANT MEDICAL EXAMINER DATE SIGNED 2-7-66 Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) Sandymount Cemetery Finksburg RD 1, Maryland burial FEB 9 1000 PEF SIGNATURE 23. FUNERAL DIRECTOR 1966 DATE

b. COUNTY

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. . CONTRACTOR OF THE PARTY OF THE TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OCTO	,		CERTIFICA	IE OF DEA	I H			UN	117	1
1. PLACE DF DEAT	ТН				ENCE (When	e deceased lived, If in		Residence	before ad	Imission)
a. COUNT	Carroll		MARYLAND	a. STATE	faryla	b. COU		arro	177	
b. CITY OR TOV	VN (if outside corpora	te limits,	c. LENGTH OF STAY IN 1			corporate limits, w				t town)
RuralSy	and give nearest too	vn)	2mo. 29days	Woodbin	10			36 -	_ /	
d. NAME OF HO	SPITAL OR INSTITUTION	ON (If not In hos	pital, give street addres					е	. IS RES	IDENCE
Springfi	eld State	Rognite	1	Route	#1				ON A F	NO 7
3. NAME OF		irst	Middle	Last		ATE Mont	h	Day	Yea	-
(Type or print)	Li	lllie	Gertrude	Leatherwood	DI	EATH 2		7	19	56
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.
female	white	WIDOWED 2		1/25/3	1 80	ast birthday)	Months	Days	Hours	MIn.
10a. USUAL OCCUPA	TION (Give kind of work king life, even if retire	La Company	D OF BUSINESS OR			State, or foreign country	y) 12. C	ITIZEN	OF WHAT	
factory	king life, even if retire worker	ed) INC	DUSTRY	Maryla	and			OUNTRY	US	A
13. FATHER'S NAM	ME			14. MOTHER'S M		1E				
William	Fowble			Shoemal	cer	(Annie)				
	EVER IN U.S. ARMED FO		OCIAL SECURITY NO.   17	7. INFORMANT		Addre	SS			
no no, or unkown)	(If yes give war or dates		ne known Si	pringfield	Hosp.	records	Syk	esvi	lle	
18. CAUSE OF	DEATH [Enter only or	ne cause per lin	e for (a), (b), and (c).]					LINTE	RVAL RE	TWEEN
PART I. D	EATH WAS CAUSED BY	Bladd	ler metastas	sis from CA	of b	reast		ONS	year	CB
170	X DUE									
Conditions, If		(h) Gener	ralized card	inomatosa				12	onth	18
gave rise to	DUE		MONETH C							
cause (a), s	stating the	(c)								
PART II. OTHER	SIGNIFICANTCONDITI	ONSCONTRIBUT	ING TO DEATH BUT NOT RE	LATED TO THE TERMIN	AL DISEASE	CONDITION GIVEN IN	PART 1(a)	19.	WAS AU	TOPSY MED?
oual i	fying phra	narome v	with cerebra	al arterio	SCTEL	osis with	out	. YE		NO X
PART II. OTHER Chronic qual: 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO.	I WAS UNDERLYING TING CAUSE OF DEADTIFY MEDICAL EXAMI	20b. DE	SCRIBE HOW INJURY OC	CURRED. (Enter natur	of Injury	In Part I or Part II	of Item 18	1.)		
	TIFY MEDICAL EXAMI	NER)								
	INJURY Month, Day,	Year   20d. INJ	JURY OCCURRED   20e. P	LACE OF INJURY (Homotory, street, office bldg	, farm, 20	Of. (City or town)	(Co	unty)	(5	State)
Hour a.	.m. 19	While at work	Not While	ctory, an eet, omcobio	5., 6(0.)					
		pital) attended	the deceased from	11/8/	19.65	to2/7/	196	6_, th	at m (v	we) last
	eceased alive on	2/7/	19 66 , and t	hat death occurred	10:50	from the causes	and on t	the date	e stated	above.
22a. SLGNATU	JRE /		1			Section -	22b. [	ATE SIG	GNED	
Ma		- men	Charalon	M.D. PHYS.	MED. DIRECTO			/8/6		
22c. PHYSICI	AN'S Naci Ne	jat Buy	ukunsal. M.	22d. ADDRESS		ingfield			spita	al
						esville, l				
23a. BURIAL, CRE REMOVAL (SC	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETE			LOCATION (City, 1	. ~			tate)
Rurial 24. FUNERAL DIR	2/11	166	Morgan Cha	npel Cemet	erv	Carrol. REGISTRAR   25b.	CO	MC	ATIDE	
		0)			BEC'D BY	1966 25B.	liant	en	udgi	
C.M.W.	ALTZ BOX	741 ST	cesville. N	DATE	- J	- 1000 /		1	1	

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E	M N	02169	F STATISTICAL R	MARYLAND STATE DEI LESEARCH AND RECORDS CERTIFICAT	, 301 W. PRESTO	F HEALTH ON STREET, BA	ALTIMORE 1, I	MARYLAN 1212	()
24 hours after death.	filled in by the funers papers. Pages 1 and in 72 hours after death	d. NAME OF HOSPITA		ot in hospital, give street address)	a. STATE  Mary c. CITY OR TOWN (I	re	b. COUNTY Baltimor Ilmits, write RURA	e City and give no	earest town)  RESIDENCE N A FARM?
within	completely fill re carbon page event, within	3. NAME OF DECEASED (Type or print)	State Hosp: First JOHN	Middle	Last	4. DATE OF DEATH F	Month EBRUARY 2		Year 19 66
be executed	sician and com lease cemere can and in any eve	Male V  10a. USUAL OCCUPATION ( during most of working li	DLOR OR RACE 7. MAN  Thite WID  Give kind of work done 6, even if retired)		7-28-1898	67 County & State, or fore	(In years   IF UNDER   Months   yrs.   12. C	Days Ho ITIZEN OF W OUNTRY?	OUTS   Min.
certificate	ding ph) Then p removal,	Stenographe 13. FATHER'S NAME Patrick 1 15. WAS DECEASED EVER	McCaffrey	16. SOCIAL SECURITY ND.   17.	Maryland 14. MOTHER'S MAI Mary Co	DEN NAME	Address	U.S.A	
res that the death physician.	signed by the urial-transit p urial, cramatic	PART I. DEATH  IM  Conditions, If any,	H [Enter only one cause WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO which (b)		cords, Spri	f+		INTERVAL	L BETWEEN AND DEATH
JAN: The law requi spital or attending	certificate has been s ned for use as the bu t. of Health prior to bu	gave rise to imm cause (a), stating underlying cause las PARTII.OTHER SIGNI SChiz ophresidad and a company of the company of t	the DUE TO  t. (c)  FICANT CONDITIONS COM  enic reaction	NTRIBUTING TO DEATH BUT NOT RELA n, paranoid type 20b. DESCRIBE HOW INJURY OCCU	Acute dil bladder	latation w	rinary	YES	S AUTOPSY RFORMED?
DING PHYSICIAN: d by the hospita	After this d be detach	20c. TIME OF INJUR Hour a.m. p.m.	Y Month, Day, Year	at work at work	CE OF INJURY (Home, fry, street, office bldg.,	farm, 20f. (City o		unty), that (	(State)
AL OR ATTENDI	OIRECTOR: age 3 shoul led with the	saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S	Clauri (	and that	death occurred at	M, from the	e causes and on 22b. I	the date stance.	ated above.
TO HOSPITAL Page 4 may	5. 2 2	NAME (Type)  23a. BURIAL, CREMATIO BEMOVAL (Specify)		1 2		Sykesville	Marylan W (city, town or co	ounty)	(State)
	A15 (4)	Wm. J.J.	chner o	Sono horth	Pa. DATE A	R 1 1966	val.		RE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF S	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAI	ND
02170	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAI  CERTIFICATE OF DEATH	1

1.	PLACE DF DEATH	H		- 11	2. USUAL RESIDENCE (When	e deceased lived, If In	stitution: Re	sidence before admission)
		ARROLL	MARYLA	AUD	a. STATE MARY!	ANA b. COU	NTY PA	RRALI
-	b. CITY OR TOW	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY II		c. CITY OR TOWN (If outside	corporate limits, wi	rite RURAL a	and give nearest town)
		SVILLE	9 WEEKS	5	NEW W	1ND508	-	1-1
	d. NAME OF HO	SPITAL OR INSTITUTION (If not in	hospital, give street add	ress)	d. STREET ADDRESS	,,,,,,		e. IS RESIDENCE
	PULLE	EN NURSING H	OME		CHURCH S	7.		YES ND ND
3.	NAME OF DECEASED (Type or print)	First	Middle	3, 6	A DI	ATE Mont	h	Day Year
5.	SEX	6. COLOR OR RACE   7. MARRIE	D NEVER MARRIED	718.	DATE OF BIRTH	1-0	IF UNDER 1	YEAR IF UNDER 24 HRS.
	F	WIDOWE		10	CT 6 - 1891	last birthday)		Days Hours Min.
10a dui	a. USUAL OCCUPAT	ION (Give kind of work done   1Db.	KIND OF BUSINESS OR		11. BIRTHPLACE (County & S			IZEN OF WHAT
			WN HOME		MARYLAND			USA
13	. FATHER'S NAM				14. MOTHER'S MAIDEN NAM	IE		
	KEU	0/1/	E5		MARY JA	NE		
(Ye		EVER IN U.S. ARMED FORCES? 1 (If yes give war or dates of service)	6. SDCIAL SECURITY ND.	17. I	NFORMANT	Addre	SS	
	NO		NONE	WM	MEGLELLAND	WESTM	MST	EK MD
		DEATH [Enter only one cause per	r line for (a), (b), and (c).]			1 1		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED BY:	razaly phize	me	carried	- /autice	.6.1	
	400	DUE TO	7.		, ,	60	1	18-51-65
	Conditions, If gave rise to		ellrick-selly	24	aninegar,	Ch /		
	cause (a), si underlying caus		ach -			6		2-5-66
TION	PART II. OTHER S	SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT	RELATI	ED TO THE TERMINAL DISEASE	CONDITION GIVEN IN	PART 1(a)	19. WAS AUTDPSY PERFORMED?
FI SI								YES NO
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING 20b. NG CAUSE DF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of injury	In Part I or Part II o	if Item 18.)	
CAL	20c. TIME OF	INJURY Month, Day, Year   20d.	INJURY OCCURRED   2De	. PLACE	E OF INJURY (Home, farm,   20	of. (City or town)	(Coun	ty) (State)
MEDICAL	Hour a.n	AATH	ie Not while	factory	, street, office bldg., etc.)			
	21. I certif	y that (I) (this hospital) atter	ided the deceased from	n/	16 31- , 1965	to 2-5	1966	that (I) (we) last
		ceased alive on 2 - 5-	19 <u>26</u> , and	that o	death occurred at6:30×M	, from the causes		
	22a. SIGNATUR	RE) / O	-7/ 12		ATTENDING MED.	STAFF -	22b. DA	TE SIGNED
	OOS DIEVELOIA	Herrich 6.	Hall	M.D.	PHYS. DIRECTO			
	22c. PHYSICIA NAME (T)		= HALL		22d. ADDRESS	100066/ 1	mil	,
23a		ATION, 23b. DATE THEREOF	23c. NAME OF CEM	ETERY C	OR CREMATORY / 23d.	LOCATION (City, to	own or cour	nty) (State)
	BURIAL SPE	FEB 8, 1966	BETHEL	_	CH	RROLL	Co	MD
24	. FUNERAL DIRE	CTOR	ADDRESS	,	25a. REC'D BY R	EGISTRAR   25b. R	EGISTRAR'S	SIGNATURE
A	UN Har	Bler Y Stree 1	lew Winds	AU.	MA DATE B 8	1966	liarle	Judge
7	7	//		-		- //		11

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02173	T	CERTIFIC	CATE OF DEAT	Н		02122
	PLACE OF DEAT a. COUNTY	Carroll	MARYL	a. STATE Ma	aryland	b. COUNTY A1	esidence before admission
Ru	ralSyl	N (If outside corporate limit and give nearest town) cesville	43y . 3m .	22d. Cumber		Imits, write RURAL	and give nearest town $0 / - 2$
	d. NAME OF HO	SPITAL OR INSTITUTION (if n	ot in hospital, give street ad-	dress) d. STREET ADDRES	S		e. IS RESIDENCE
	Spring	field State H	ospital	unknown	1		YES NO
	NAME OF DECEASED (Type or print)	First Marga:		McSorley	4. DATE OF DEATH	Month 2	0ay Year 7 19 66
	emale	White WIO	RRIEO NEVER MARRIEO OWEO OIVORCEO	unknown	81?	Irthday) Months yrs.	
durl	ng most of work Housewoo		10b. KINO OF BUSINESS OR INDUSTRY	Marylan		in country) 12. CI	TIZEN OF WHAT OUNTRY? USA
	FATHER'S NAM	m denge,	Kriglein	14. MOTHER'S MA	TOEN NAME  Anna	But	ton
(Yes	no, or unkown)	EVER IN U.S. ARMED FORCES? (If yes give wat or dates of service	none	17. INFORMANT Springfield	Hospital :	Address records,	Sykesville
		OEATH [Enter only one cause ATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).  Congestive hea				INTERVAL BETWEEN ONSET AND OEATH 5 Cays
	Conditions, If gave rise to	eny, which ) (b)	Arteriosclerot	cic heart dise	ase		Years
	cause (a), st underlying caus	e last. DUE TO	General arteri				Years
ICAT	Schize	ophrenic reac	tion, chronic				19. WAS AUTOPSY PERFORMEO?
CERTIF	20a. ACCIOENT OR CONTRIBUTI (IF EITHER, NO		20b. OESCRIBE HOW INJURY				)
MEDICAL	20c. TIME OF I Hour a.m	n.	20d. INJURY OCCURRED   20 While Not While at work	e. PLACE OF INJURY (Home, factory, street, office bldg.,	farm, ,etc.) 20f. (City or	town) (Cou	nty) (State)
		y that ( <b>x</b> (this hospital) a ceased alive on2/	ttended the deceased from 19.66, an	nm 10/15/, d that death occurred at	13-10-	/7/ , 19 6 causes and on th	6, that # (we) las
	22a. SIGNATUR	ences Rei	Malors.	M.D. PHYS.	MEO. STA	rs. × 2/	ATE SIGNEO
	22c. YPHYSICIA NAME (T)	Frances Re	id Nabors, M.	D. 22d. ADDRESS	1	eld State le, Maryl	Hospital and
	BREMOVALTSDE	olfy) 2/11/66	S. Peter	of Paul Cem	· Cuml	(City, town or cou	ma
24.	FUNERAL OIRE	Stein Isic	ADDRESS W	25a. R	B 1 1 1966	25b. REGISTRAR	S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Juneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after each. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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Trances Feld Bacorn, d.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE by the f Pages 1 urs after CARROLL CARROLL MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours = DYKESYILLE IYR, 4mos. 11 da OLD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET AODRESS papers in 72 ON A FARM? carbon pap SPRINGFIELD YES X NO DOAD letely executed within 3. NAME DE First Middle DATE Month 4. Day Year DECEASED compli (Type or print) MEYERS DEATH 19 66 JEOR GE FEBRUARY 6. COLOR OR RACE | 7. MARRIEO 5. SEX and col OATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. NEVER MARRIEO any 8-16 MALE WHITE WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR physician an please ruyal, and in = 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) certificate be during most of working life, even if retired) INDUSTRY COUNTRY? 41.5.A FARMEK MARYLAND ed by the attending phy transit permit. Then p , cremation, or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME WILLIAM H. MEYERS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) KEBORDS STATE No NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN that the been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. OEATH WAS CAUSED BY: attending physician. DAYS IMMEDIATE CAUSE (a) **DUE TO** The law requires Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. has (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate CERTIFICATI PERFORMED? NO Z newmonia the hospital 20a. ACCIDENT WAS UNDERLYING DO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) r this certifi detached for te Dept. of I 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) be der State [ factory, street, office bidg., etc.) Hour a.m. After Id be d While Not While at work at work retained should ith the 21. I certify that (I) (this hospital) attended the deceased from 10 - 12 - 64 to 2-23-66, 19 . 19 1966, and that death occurred at 15 PM, from the causes and on the date stated above. OIRECTOR age 3 sho saw the deceased alive on 22a. SICNATURE 22b. OATE SICNEO be page ATTENOING 2-23 M.D. DIRECTOR PHYS. 4 may HOSPITAL tor, 22c. PHYS/CIAN' FUNERAL 22d. ADDRESS SPRINGFIELD STATE HOSPITAL NAME (Type) ROBERT M. direct NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SICNATURE VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tüneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (12124)

		1100
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re e. STATE b. COUNTY	
Carroll MARYLAND	e. STATE b. COUNTY Maryland Montgomer	Tr /
	c. CITY OR TOWN (if outside corporate limits, write RURAL	end give nearest town)
write RURAL and give nearest town)		, ,- >
Sykesville 5mos.5dys.	Chevy Chase	15 - 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Springfield State Hospital	4501 Courtland Drive	YES NO DC
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) ALWINE (NMN)	MILLER DEATH FEBRUARY 6	19 66
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8 DATE OF BIRTH 19 AGE (In years LIFTINDER )	YEAR IF UNDER 24 HRS.
Female White WIDOWED T DIVORCED	4-2-1884 81 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   1Db. KIND OF BUSINESS OR		TIZEN OF WHAT
during most of working life, even if retired)  Housewife  INDUSTRY  Home		UNTRY?
Housewife Home	Washington, D.C.   U.	D.A.
George Gobel	Lena Nass	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address	
No 106-36-7463	Records, Springfield State Hos	spital
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a) Shock		
LIGHT DUE TO	and the second second	3
Conditions, if any, which ) (b) Rupture of left	ovarian cyst	
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL  Arteriosclerotic cardiovascular disea  2Da. ACCIDENT WAS UNDERLYING TO CR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ase.	PERFORMED?
ZDA. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCION OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)
White Mot white	ory, street, office bidg., etc.)	
	0.176	
21. I certify that (I) (this hospital) attended the deceased from	0:115	, that (I) (we) last
	at death occurred at M, from the causes and on th	
22a. SIGNATURE		TE SIGNED
trances to Viology M.	D. ATTENDING MED. STAFF X 2/6	166
22c. PHYSICIAN'S	22d. ADDRESS Springfield State Ho	spital
NAME (Type) Frances Reid Nabors, M. D.	Sykesville, Maryland	l P G G G
REMOVAL (Specify)		
Burial 12/9/66   Cedar Hill 24. FUNERAL DIRECTOR ADDRESS	Cemetery Suitland M	SIGNATURE
THE TOTAL STREET		0
Robert A. Pumphrey Bethesda,	Md. DATE B 10 1966 Jelianle	Judge

15 (4) 1/65 VR AIS 20M

58180 nes og turke hanfyrieli allivanita 4 awind boudfreet feine In a of some of the first of Paridicular Co. Co. Co. Co. Co. Service Springfield State in the esta in male 12 " "c areadle annough collowerstrong of the legiterent

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Treblege dails dannes, a. d.

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH EET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral plnods PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission e. COUNTY b. COUNTY 1 P MARYLAND b. CITY OR TOWN (if outside corporate fimits, and c. LENGTH OF STAY IN 16 W outside corporate limits, write RURAL end give p write RURAL and give negrest lown) .= Pages pe hours aft e. IS RESIDENCE ITUTION (if not in hospital, give street address) ON A FARM? YES NO papers. completely NAME OF Middle 72 DECEASED OF DEATH (Type or print) 1966 carbon withi AGE (In years UNDER 1 YEAR 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months WIDOWED DIVORCED physician BIRTHPLACE (County & Stete, or foreign country) please remove USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) dryc FATHER'S NAME 5 aftending and Then 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give wer or detes of service) INTERVAL BETWEEN attending physician. 18. CAUSE OF DEATH [Enter only one cause pe After this certificate has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) detached for use as the burial-transit DUE TO Conditions, if eny, which (b) gave fise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 NO X prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18. 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While MEDI Hour e.m. 19 RECTOR: 1956 to February 27, 1960 that (1) (we) last certify that (I) (this hospital) attended the deceased from pinous and that death occurred a 3.M. from the causes and on the date stated above the deceased alive on.a SIGNATURE DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. director, page be filed with the M.D. death. Page TO FUNERAL 22d. ADDRESS BURIAL, CREMATION, CEMETERY OR CREMATORY 23a. REMOVAL (Specify) REC'D 25b. REGISTRAR'S VR A15 (4)

95750 Maryland Come California (California) aporte to the Mountainer Marghant I South popular Shook I want the water to WESTEN CHIEF MALL STEPPING SE CE Hale while - 1881 84 Former squalfure miles Mondone 48h John Miller Malle HARRY 525-3411 Mister Wille Mantet 11 16 C'Hayer Mey grantetris ( therebutte " Gale hout he can Cold harded listeling (8) - February Co Charles 10 May 25 Whomps 16 - Jon 2/3 Harit 13/12/2 Joseph E Buck MD , Hympst EAD Maryland A THE STATE OF THE PARTY OF THE

filled in by the papers. Pages 1 and completely The law requires that the death certificate be

24 hours after death.

executed within

ve carbon papers. Pages event, within 72 hours after attending physiclan rmit. Then please and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permit. Then p should be filed with the State Dept. of Health prior to burial, cremation, or removal,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

0	DTI	CIC	ATE	OF	DEATH	
U	КH	riu	AIL	UF	DEATH	

-	JI DEAIII					UR	166	
2.	USUAL RESIDENCE	(Where	deceased	lived,	If institution:	Residence	before admissi	on)
	a. STATE	0	1	b.	COUNTY		0	

a. CDUNTY	a. STATE b. COUNTY
MARYLAND	more land Carrall,
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Manchester about 6 yrs.	Harmestead, Md. 06-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
Bued at office PrWH FOARD	Fairmount Road YES ND
3. NAME DF FIRST MIDDLE	Last 4. DATE Month Day Year
(Type or print) Gurdan (GORDON OLER)	0/c/ DEATH Tet 14 1966
5. SEX   6. CDLOR DR RACE   7. MARRIED   NEVER MARRIED   8	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	July 23 - 1908 last birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BURTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT OOUNTRY?
Plumbing Plumbing	Baltimore, ud WSD
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Ole-	anna a. ardnt.
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address
213-10-5737 m	us Helen Lyppy Hampstead 2 16
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Quite True	in a light the state of the sta
4201	
Conditions, If any, which \ DUE TO Curterior Con	alij Candy Warrelon 2 um
gave rise to Immediate	
cause (a), stating the DUE TO	Person

20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)

DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

TIME DF INJURY Month, Day, Year a.m. p.m.

20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) Not While at work

(County)

WAS AUTDPSY PERFORMED?

NO E

(State)

(State)

YES

saw the deceased alive 22a. SIGNATURE

(c)

21. I certify that (I) (this hospital); attended the deceased from

ATTENDING PHYS. MED. DIRECTOR M.D. 22d. ADDRESS

22b. DATE SIGNED STAFF PHYS.

PHYSICIAN'S NAME (Type) BURIAL, CREMATION

REMDVAL (Specify)

underlying cause last.

CERTIFICATION

MEDICAL

24.

While at work

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

LOCATION (City, town or county)

and that death occurred at 12 1/5 M, from the causes and on the date stated above.

Pikesville, Balto. Co. Md. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Druid Ridge Cemetery
ADDRESS
4611 Park Heights Av. Balto

and a supply

Bush murker bard

(RELIO MOUSEDE)

219-10-5737

VR A.15 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician arricompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF

	MAKILAM	IN STATE DE	PARIN	IEIVI OF I	REALIR		
STATISTICAL	RESEARCH	AND RECORD	S. 301 W	. PRESTON	STREET.	BALTIMORE 1	MARYLAND
		EDTIFICAT			,		116346

0214	3		CERTIFICAT	E OF DEA	ATH.		17	2121
1. PLACE DF DEA e. COUNTY	Carroll		MARYLAND	a. STATE	DENCE (When	b. COU		lence before admission)
b. CITY OR TOWN WITE RURA  RuralSy	WN (if outside corpora L end give nearest tov kesville	te limits, /n)	c. LENGTH OF STAY IN 1b			corporate limits, w	rite RURAL and	give nearest town)
	ospital or institution.eld State		spital, give street address	d. STREET ADDR		Street		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF		rst	Middle	Last		TE Mon	th	Day Year
DECEASED (Type or print)	Ti.	lmyra	Jane	Peters	OF	ATH 2		11 1966
5. SEX	6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH		19 AGE (In years	LE LINDER 1 YE	EAR   IF UNDER 24 HRS
female	white	WIDOWED		8/20/80	0	last birthday)	Months Day	
1Da. USUAL OCCUPA	TION (Give kind of work	done   10h Kl	ND OF BUSINESS OR			tate, or foreign countr	v)   12, CITIZ	EN OF WHAT
during most of wor	king life, even If retire	d) IN	DUSTRY				COUN	TRY?
housewif 13. FATHER'S NAI				14. MOTHER'S	sylvan			USA
	m Geddling				aret Re			
(Yes, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates of	f service) 16.		INFORMANT		Addre		
no		1	none Spi	ringfield	Hospi	tal recor	ds, Syl	kesville
18. CAUSE DE	DEATH [Enter only on	e cause per li	ne for (a), (b), end (c).]					NTERVAL BETWEEN
PART I. D	DEATH WAS CAUSED BY	Ca:	rdiac failure				9	ONSET AND DEATH
49:	3 4							
Conditions, If	DUE	Dn	eumonia					days
gave rise to	Immediate /	(D)	s unonta					days
cause (a),								
underlying cau		(c) Re	spiratory ac:	ldosis and	d urem	1a		days
Chroni Quali	c brain sy	ndrome	with senile	brain di	NAL DISEASE	condition given in without	PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO
O (IF EITHER, NO	fying phra T WAS UNDERLYING  TING CAUSE OF DEA OTIFY MEDICAL EXAMI	TH NER)	ESCRIBE HOW INJURY OCC	URRED. (Enter natu	re of Injury I	n Part I or Part II	of Item 18.)	
Hour a.	INJURY Month, Day, .m. 19	Year   20d. IN While et work	Not While fact	ACE OF INJURY (Homory, street, office bld	ne, farm, 20	f. (City or town)	(County)	(Stete)
	Ify that ( (this hos	ital) attende	d the deceased from	6/22/	1964	to 2/11/	. 19 66	that W (we) last
	eceased alive on	2/11/	19.66_, and the	at death occurred	at 6:30	from the causes	and on the	date stated above.
22a. SIGNATI		1 8	15	it double cocorrod	-	, 115.11 1110 000000	22b. DATE	
1 12	. Co , of	Typo	bere kus M.	D. PHYS.	MED.	R PHYS.	2/1:	1/66
22c. PHYSICI	IAN'S	0		1 22d. ADDRES		ngfield S		
NAME (1	Type) Rinaldo	G. Laj	onchere, M.D.		-	esville,		
23a. BURIAL, CRE	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY		LOCATION (City, t		
REMOVAL (SI	pecify)	-11			9.7			
24. FUNERAL DIR		.966	Allen Unior	Ceme te ry	REC'D BY R	rthhampto	EGISTRAR'S S	IGNATURE
711.1.	7.1	. 1 .	Balts.	74				Judge
VV mh	conerd	sono	norther P	COLVE DATE	FEB 1	4 1956	Long	D X D

VR AI5 (4) 20M 1/65

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Ringlide 2. La joneherte, M.D.

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VR A15 (4) 15M 4-64

	MARYLAND SI	IAIE DEP	AKIM	ENI UF	HEALIH		
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET.	BALTIMORE	1. MARYLAND
02179	CERT	IFICATE	OF	DEATH			02130

	PLACE DF DEATH a. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland 2121-20UNTY								
-										
(I	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rural) Sykesville ly 4m 4d	Ba	ltimore City	30-4						
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	3	e. IS RESIDENCE						
=	Springfield State Hospital	101		S Road YES NO X						
	3. NAME OF First Middle DECEASED Frederick Aloyious (Type or print)	Peters	4. DATE Mont 2	9 66						
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.						
1	10a. USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired)  Wood Work	11. BIRTHPLACE (	County & State, or foreign country	y) 12. CITIZEN OF WHAT COUNTRY? USA						
-	13. FATHER'S NAME	14. MOTHER'S MAI								
	Michael Peters	Mary Wet	zelburger							
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (4) yes give war or dates of service)	INFORMANT	Addre	SS						
	unknown/M) 219-14-0865	Hospital R	ecords							
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral.									
	49/X DUE TO									
ŀ	Conditions, If any, which } (b)									
ı	gave rise to immediate ( cause (a), stating the DUE TO									
	underlying cause last. (c)									
2	PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Chronic brain syndrome associated with cerebral arteriosclerosis version with psychotic reaction									
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m While at work									
1	21. I certify that \$0 (this hospital) attended the deceased from 10-5- 1964 to 2-9 1966 that \$0 (we) last									
1		t death occurred at.	6:42M, from the causes	and on the date stated above.						
1	22a. SIGNATURE	ATTENDING -	MED. STAFF	22b. DATE SIGNED 2-10-66						
1	22c. PHYSICIAN'S He H. K. Can Truf see MII	D. PHYS.	DIRECTOR PHYS.							
	22c. PHYSICIAN'S Heinz H. Klaatsch, M.D.	Springf	ield State Ho	spital						
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'	a	23d. LOCATION (City, t	cown or county) (State)						
7	BURIAL VITTIGE HOLV KEDEL	EMER CEN	1. DAI 10	, ///d.						
1	24. FUNERAL DIRECTOR APPRESS	12.111	5	REGISTRAR'S SIGNATURE						
1	LEONARD S. RUCK, LNC. BALTO. Md. 2	DATE DATE	B 1 5 1966 10	harley Judge						

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please certove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	UZISI			CERTIFIC	ATE	OF DEATH				09.	120	)
1.	PLACE OF DEAT	Н				2. USUAL RESIDENCE	E (Where	deceased lived, If in	stitution: F	es idence	before ad	m(ssion)
	a. COUNTY Carro	11		Manyla		a. SIATE Marylan	d	b. COU	ontgo	W 0 244	1	
		/N (if outside corporat and give nearest tow	e limits,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o		corporate limits, w	rite RURAL	and giv	e neares	t town)
	Sykesvi	and give nearest town	n)	yrs.8mos.22	2			lesville		1-	9	
+			N (if not in he	spital, give street add	rassi	d. STREET ADDRESS	F BU.	TASATITA	/	10	. IS RES	IDENCE
		ield State			,						ON A F	ARM?
3.	NAME DF	Fir		Middle		Last	4. DAT	E Mont	h	Day	Yea	ır
	(Type or print)	TES	SIE	(NMN)	R	ITCHEY	DF DEA	TH FEBRU	ADV	1	19	66
5.	SEX		7. MARRIED		0			9. AGE (In years	IF UNDER	1 YEAR		
F	emale	White	WIDOWED		=1	8-23-1873		00	Months	Days	Hours	Min.
102	. USUAL OCCUPAT	TION (Give kind of work of	ione   10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (Co.	unty & Sta		y)   12. C	ITIZEN	OF WHAT	-
dur	ing most of work	ing life, even If retired	I) IN	DUSTRY				,		OUNTRY	?	
12	Housewi FATHER'S NAM					Maryland	CNI NIANAE			U.3	.A.	
10,						14. MOTHER'S MAIDE						
		s Remov	-1917	7		Helen Smi	th					
		EVER IN U.S. ARMED FO	service)	SOCIAL SECURITY NO.		NFORMANT		Addre				
	No		]	.09-18-9833	Rec	ords, Sprin	gfie.	ld State	Hospi	tal		
	18. CAUSE DF	DEATH [Enter only one	cause per II	ne for (a), (b), and (c).]						INTE	RVAL BE	TWEEN
	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE	Arte	erioscleroti	ic h	eart diseas	9			UNS	ears	JEAIN
+	420											
	Conditions, If	any which \	Car	neralized ar	ter	insclerosis				V	ears	
3	gave rise to	Immediate (	(-)	701 GIL 40 G G G	. 001	10001010010					ears	
	cause (a), s underlying caus		10									
N			(C)	TING TO DEATH DUT NOT	DELAT	ED TO THE TERMINAL DI	I CEACE CO	ONDITIONCIVENIN	DART 1(a)	119.	WAS AU	TOPSY
AŢ	CBS ass	ociated with	cereb	ral arterio	scl	erosis, with	h psy	rchotic	7711 2(0)		PERFOR	MED?
FIC	reaction	0			-11.					YE	5	NO 🔀
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DEATH	TH	ESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	injury in	Part I or Part II	of Item 18	.)		
	20c. TIME OF	INJURY Month, Day,	rear   20d. IN	UURY OCCURRED   20e	. PLAC	E OF INJURY (Home, far	m.) 20f.	(City or town)	(Co	unty)	(\$	state)
MEDICAL	Hour a.i	m.	While at work	Not While	factory	y, street, office bldg., et	c.)					
-				d the deceased from	n 5	<b>-9-60</b> 19	t	2-1-66	. 19	th	at (i) (w	ve) last
8			2-1-66			death occurred at	1:25	from the causes	and on t	he date	stated	above.
	222 SIGNATU		0		Lilat	accent coccytod ac			22b. E	ATE SIG	NED	
	agus	mi del	Car	npo.	M.D.		MED. IRECTOR	STAFF PHYS.	2-1	-66		
6	PHYSICIA NAME (T	AN'S Agustin	n del C	Ampo, M. D.		22d. ADDRESS S	pring	gfield Starille, Mar	ate H	ospi	tal	
23a	BURIAL, CREM		HEREOF	23c. NAME OF CEMI	FTFRY			LOCATION (City, t	-		(St	ate)
7	REMOVAL (Sp.	eclfy)	111	N			A	4 00	100	No.	1.	1
24	FUNERAL DIRI	FCTOR 2/2/	66	ADDRESS	ei	25a, REC	'D BY PE	GISTRAR   25b. R	EGISTRAR	SSIGN	ATURE	Lux
1	TAS ON	- 0 11.	A A		11	IA. Y FED	DUTKE	0.00	1 0	0		
	(8),001	DU11 15. HI	VATI.	Durner	211	DATE D	9	1966	rance	y yes	dge	

VR AIS (4) ( 20M 1/65 district the second nor of street his for he W THE STATE OF THE to be a second to the second t beller and belleville about the second select densit all release from a all accepted with converse a trittenserest, with usychrate THE RESERVE OF THE PARTY OF THE Service of Charles Agrantin del Gerpe, M. D. Termed 2/5/66 Morneson MA OF THE PROPERTY AND THE PARTY OF THE PART

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before admission) a. COUNTY the funeral director. Page retained for your files. the State Board of Hearth, CARROLL Carroll Marvland MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give negrest town) Westminster, Md. Westminster d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Carroll County General Hospital Box 112 YES NO X death. uid be executed within 24 hours after death. If any in pencil in Item 18, Give Pages 1, 2, and 3 to the furn Office along with form PM3. Page 5 may be retaine burial-transit permit. File pages 1 and 2 with the State within 72 hours after death 3. NAME OF Middle 4. DATE Month Year DECEASED OF ROBERTSON (Typa or print) DEATH MARY ELIZABETH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days DIVORCED WIDOWED female. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages 1 and dona during most of working life, even if retired) BALTO, MAR SECRET ELIZABETH 16. SOCIAL SECURITY NO. | 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple traumatic injuries DUE TO removal. Conditions, if any, which gava risa to immadiate causa "pending" ro certificate, writing the word "pending' warded to the Chief Medical Examiner's DUE TO (e), steting the underlying as 0 causa last. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES X NO [ should 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part II of item 18.) ute T.s cermons, chief Medie forwarded to the Chief Media AL DIRECTOR: Page 3 should burial, c CAUSE OF DEATH. auto-truck accident 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While WED Carroll et work at work road 8:30 x11x11x 19 66 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion designated agent, Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY should be DEPUTY MEDICAL EXAMINER Rudiger Breitenecker, M.D. NAME (Type) Addrass (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226, BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) LIBERTY ROAD NEAR 0 ELDERSBUR RIAL FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Deleteration and the proof of t in the state of th

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral ges 1 and 2 after death. after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Carroll Pages aft MARYLAND Maryland Carroll CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours hours days Sykesville RD #2 estminster = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET AOORESS Longwell Avenue Golden Age Guest Home completely i executed within NAME OF First Month Middle 4. DATE DECEASED CLARA (Type or print) SCHAFFER DEATH February 21 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | female whi.te 187 WIDOWED X DIVORCED March 29 physician a in please val, and m 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be housewife Carroll County, Maryland 13. FATHER'S NAME attending phy srmit. Then p n, or removal, MOTHER'S MAIDEN NAME Philip J. Yost Mary C. Utz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attend 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 48 Longwell Ave rial-transit perm Charles D. Schaffer Westminster Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] that the been signed by t the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the has be as th prior t underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate I rector, page 3 should be detached for use tould be filed with the State Dept. of Health 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 194 saw the deceased alive on 19 M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE 22b. STAFF ATTENDING PHYS PHYS. M.D. DIRECTOR PHYSICIAN'S director, p 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 2 Pikesville burial /24/66 Druid Ridge Cemetery Maryland **FUNERAL DIRECTOR** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

Year

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Page 4 may be retained by the nospital of attending physicians.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be disabled by the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN
02184 CERTIFICATE OF DEATH

	OUTOR			CERTIFICAL	E OF DE	AIN		(3 /~	TOO	17000
1.	PLACE OF OEATI	roll		MARYLAND	a. STATE	larvland	e deceased lived, If in b. COUR 21212	WTY Ba	lline	1
I	(Rural)	N (if outside corporate and give nearest town) Sykesville	фу	9m 17d	E	WN (If outside Baltimor	corporate limits, wi	ite RURAL a	03-0	2
		SPITAL OR INSTITUTION			d. STREET AO	ORESS			e. IS RES	FARM?
_	1	leld State I					wood Road		YES	ND Sc
	NAME DF DECEASED (Type or print)	Carl	A.	elbbiM	Seward,	Sr. 4. DA		]		66
5.	male	6. COLOR DR RACE 7	WIDOWED	NEVER MARRIEO	8. OATE OF BIR		9. AGE (In years last birthday)	Months (	YEAR IF UNDE Days Hours	
1D du	a. USUAL OCCUPATION most of work Photo er	ION (Give kind of work do ing life, even if retired) igraver	INOUS	OF BUSINESS OR	11. BIRTHPLA		tate, or foreign country	12. CIT	IZEN DF WHA	
13	George S		Like 1			s MAIOEN NAM phine Al				
1! (Y	es. no. or unkown)	EVER IN U.S. ARMED FORCE (If yes give war or dates of s unknown	215·		INFORMANT Hospital	Records	Addre	SS		
	18. CAUSE OF	DEATH [Enter only one	cause per line f	or (a), (b), and (c).]					INTERVAL BE	TWEEN
	PART I. 08	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Pulmo	nary Absces	ses				10 day	8 +
	491X	OUE"TO	Dilate	ral recurri	ng hyonok	Annaima	nd e	2		
	Conditions, If gave rise to	Immediate /	))	Tell leculia	ing bronci	tobue muo	Tall O.			
	cause (a), si underlying caus	a last						77.00		
SATION	PART II. DTHERS	brain synd	scontribution rome as	STODEATH BUT NOT RE	ated to the term	inal disease or all ar	condition given in terioscle	PART 1(a) rosis	19. WAS A	JTOPSY RMED? NO
CERTIFICATION	2Da ACCIDENT	ychotic rea Was underlying   ING   CAUSE OF DEATH TIFY MEDICAL EXAMINE	20h OFSC	RIBE HOW INJURY OCC	CURRED. (Enter na	ture of Injury I	n Part I or Part II	of Item 18.)	1 120 [5]	
MEDICAL (		INJURY Month, Day, Ye	ear 20d. INJUR		ACE OF INJURY (H		f. (City or town)	(Coun	ity) (	State)
2		y that 60 (this hospit	al) attended t	he deceased from	4-24	, 1965,			5., that # (	
		ceased alive on 2-	11	19, and th	at death occurre	ed 12:40M	amom the causes			above.
	22a. SIGNATU	HOW A	186	aticle M	.D. PHYS.	MEO. OIRECTO	R STAFF		TE SIGNEO	
	22c. PHYSICIA NAME (T		Klaats	ch, M.D.	Spring	gfield	State Hos	pital		
23	a. BURIAL, CREM REMOVAL (Spe Buria	ecify) 2/15/6		c. NAME OF CEMETER			Arlington	, Va.		tate)
L	4. FUNERAL DIRE		Balto.	Md. 21214	25 DA	EB 15			SIGNATURE	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 20M 1, 5 (4) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02185 CERTIFICATE OF DEATH 02136

- 1		0.00								
		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY							
71		Carroll	Maryland Baltimore City							
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
П		ykesville 5yrs.25dys.	Baltimore		30-4					
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS U	nk.	e. IS RESIDENCE ON A FARM?					
2	Sp	ringfield State Hospital	Trans. from 1	Bay View Hospital	YES NO S					
	3.	NAME OF First Middle DECEASEO	Last 4.	DATE Month	Oay Year					
٦		(Type or print) LAWRENCE (NMN)	SIKORSKI	DEATH FEBRUARY	20 19 66					
	5.	SEX 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED 8	B. OATE OF BIRTH	9. AGE (In years IF UNOER last birthday) Months	1 YEAR IF UNOER 24 HRS.					
		ale White WIOOWED ONK DIVORCED	Unk.	81 ? yrs. Months	Days Hours Min.					
	10a.	. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY /	11. BIRTHPLACE (County	& State, or foreign country)   12. CI	TIZEN OF WHAT					
4		Laborer	Poland	Ali						
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN							
		Unk.	Unk.							
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) (If yes give war or dates of service)	INFORMANT	Address						
	(162		cords, Springs	field State Hospi	tal					
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH					
	7	PART I. DEATH WAS CAUSED BY: Lung abscess			Days					
		52/X OUE TO								
М		Conditions, If any, which \ (b)								
	gave rise to immediate (U)									
ч	undarling account last									
	NO.									
	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Schizophrenic reaction, hebephrenic type									
0	CERTIFICATION			ury in Part I or Part II of Item 18.	YES NO E					
	CER	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUP DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	CAL		CE OF INJURY (Home, farm,	20f. (City or town) (Cou	nty) (State)					
	MEDICAL	Wille Not While	ry, street, office bldg., etc.)							
	Σ.	· · · · · · · · · · · · · · · · · · ·	7-25-27 10	to 2-20-66 19	that (1) (wa) last					
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2-20-66 19 and that	death occurred at	M. from the causes and on the	, that (I) (we) last					
		22a. SIGNATURE	death occurred at		ATE SIGNEO					
		228. SIGNATURE CLAVIO A VILLE M.D. ATTENDING MED. STAFF 220. DATE SIGNED 220. DATE SIGNED								
		220 DUVELCIANIE		ringfield State Ho						
		NAME (Type)Octavio A. Ruiz, M. D.		cesville. Maryland						
	23a.	BURIAL, CREMATION, 23b. OATE THEREOF   23c. NAME OF CEMETERY		23d. LOCATION (City, town or cou						
	-	SEMOVAL (Specify) 2-23-66 There Port	bideal	Ballimore,	md.					
	24.	FUNERAL DIRECTOR ADORESS	25a. REC'D I	BY REGISTRAR   25b. REGISTRAR	S SIGNATURE					
	0	CAR Blackt Olules Ille	THE LEFT O	5 1966 Milante	Judge					
	13	mineral and proposition of	DATELD	0 1000	10					

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AND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY MARYLAND the day and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY (If outside corporete limits, write RURAL and give neerest town) by write RURAL and give nearest town illed in Pages IS RESIDENCE 72 hours af OR INSTITUTION (if not in hospital, give street address) ON A FARM? NO papers. 3. NAME OF complete, Middle Dev DECEASED OF (Type or print) DEATH within carbon AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) and Months WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY! remove USUAL OCCUPATION (Give kind of work dumps most of working life, even if retired) KIND OF BUSINESS OR INDUSTRY 13. FATHER SNAME MOTHER'S MAIDEN please aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO (Yes, no, or unkown) | (Ifyesgivawar or dates of service) 18. CAUSE OF DEATH Enter only one cause per ONSET AND DE signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) gave rise to immediate cause DUE TO (e), stating the underlying causa lest. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? NO X CERTIFICA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Month, Dey, Year fectory, street, office bldg., etc. While Not While p.m. et work 1960 to February 25 1966 (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from March.......... saw the deceased alive on... DIREC 22b. DATE 22e. SIGNATI SIGNED PHYS. DIRECTOR PHYS. M.D. TO FUNERAL 22d. ADDRESS NAME OF CEMETERY OR CREMATOR LOCATION (City VR A15 (4) 15M 7/61 DATE

They land " Comelle raced marked and so seems there promotes the stand water Took Part Com state Track Rock William Edger South a February to de Make white Franciscome of Congretus General With Penne USA anthron unterior NO - 1 218-05-70-29 Julie Sinth Manufacte 192.05 Charle Cherry Goalessen Commy Kind Meanie your ( Timber Ingrandelie Mary 1 24 Standar 29 1 proper South El Dustin Ex 275-16-2 Losoft I Bush MD HEMPSFERD Merland. at the tops multing demining I decent ED that Hapleson Fleren Hampleast Med from 1850

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tomove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours after death hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02187 02138 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  a. STATE  b. COUNTY
Carroll	Maryland Carroll
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Westminster  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Westminster
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS   8. IS RESIDENCE
553 Baltimore Boulevard	553 Baltol Boulevard YES NO X
3. NAME OF First Middle DECEASED (Type or print) WITTTAM HENDY	SMITH  4. DATE Month Day Year  SMITH  DEATH Feb. 4, 19 66
WIDDIAM HENRI	8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
male white WIDDWED DIVORCED J	uly 19, 1888 77 yrs. Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  1Db. KIND DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT CDUNTRY?
meat cutter chain store	New Windsor RD U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Smith	Mollie Sleckbier
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	and the same of th
	rs. William H. Smith same
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cordic U as	culo Taillure
4500 DUE TD	71 0-
Conditions, if eny, which (b) (senerally a	allarosceroses.
gave rise to immediate ( cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
147	PERFORMEO? YES NO NO
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLA	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLA facto   2De. pla   2De. PLA facto   2De. pla   2De	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	12/ 1964 to 5/4 1966, that (1) (we) last
saw the deceased alive on 2219 66, and that	t death occurred at 353 PM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
William & Roubung	ATTENDING MED. STAFF 2/5//
22c, PHYSICIAN'S COMMUNICATION M.E.	D. PHYSX DIRECTOR PHYS 7 CC
NAME (Type) William R ORGUNTE	150W. mainst Westmister.
23a. BURIAL, CREMATION, 23b. DATE THEREDF   23c. NAME OF CEMETERY	Y DR CREMATDRY 23d. LDCATION (City, town or county) (State)
REMOVAL (Specify)	
burial 2/7/66 varroliton Cn 24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
0.5 \ Sauce 1 1 1 4 42 7	0 0 100
x 4 milking westmiller	nd. DATEFEB 7. 1966 Peliarles mage

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and completely filled in by the funeral temove carbon papers. Pages 1 and 2 any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physiclan. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciector, page 3 should be detached for use as the burial-transit permit. Then o should be filed with the State Dept. of Health prior to burial, cremation, or removal, a

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12139 DIVISION 02188

4	1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1	a. COUNTY ARPALL	a. STATE D. L. D. CDUNTY
1	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH DF STAY IN 1	
1	write RURAL and give nearest town)	100000000000000000000000000000000000000
1	SYKESVIIIE 30MD	MAUGANSVIIE 21- +
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ss) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
	SPRINGFIELD STATE HOSPITAL	YES ND
1	3. NAME OF First Middle	Last   4, DATE Month Day Year
١	(Type or print) LUCY TRENE	SPICKIER DEATH FEB 12 1966
d	5. SEX   6. CDLDR DR RACE 7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
1	F-MAIE White	AUG 8 1889 last birthday) Months Days Hours Min.
		yrs.
7	1Da. USUAL DCCUPATION (Give kind of work done   10b. KIND DF BUSINESS DR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	- HOUSEWIFE lown Home	MARYLAND 7.5.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	MICHAEL LOWIERY	ANNARFILE FUERSOLF
1	15. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SOCIAL SECURITY NO.   17	7. INFORMANT Address
1	(Yes, no, or unknwn) (If yes give war or dates of service)	hotal Sull 115 Union Hore
1	110 00105 05 05070 550	nester L. Spicklerpia etins burg. W.re
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	T INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CISTERIOS CLEROS	ue Heart delase Veas
1	4200 DUE TO 1.	1 Cot ich il
1	Conditions, if any, which (b) Sentral Reel	L'allicoschiran Agears
1	gave rise to immediate	
1	cause (a), stating the underlying cause last.	$\mathcal{C}$
		ELATED TO THE TERMINAL DISEASE CONDITION OVEN IN PART (19) 119. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE  LICENSE ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY DO  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	Sale 22 Abhanes ( Deams ( ) PERFORMED3
4	20a. ACCIDENT WAS UNDERLYING     20p. DESCRIBE HDW INJURY DC	NO DISTRIBUTE OF THE PART OF PART OF PART OF THE PART
١	B DR CONTRIBUTING CAUSE OF DEATH	CCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
١		
	3 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	PLACE DF INJURY (Home, farm, coff. (City or town) (County) (State)
	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P Hour a.m. While Not While at work at work	ctory, street, omedutag., etc.)
		Heb. 9 . 1966 to 2-12 - 1966 that (1) (we) last
	The transfer of the transfer of the decodast o	hat death occurred at 1.50 M, from the causes and on the date stated above.
1	22a. SIGNATURE /	1 22b. DATE SIGNED
	Tayotin del Campa MX.	ATTENDING MED. STAFF 19, -12 - 1968
ı	+22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.
١	NAME (Type) HEUSTIN JOE/ CAMP	OM SYKESVILLE MARY IAND
	23a. GURIAL, CREMATION, 23b. DATE THEREDF   23c. NAME DF CEMETE	
	REMDVAL (Specify)	O V D- INVICAN
1	DURIAL PROCESS - 15-66 DUNKAR	
1	24. FUNERAL DIRECTOR HOSE RESTOUR ADDRESS MCL	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
2	ANDRUK COFFMAN FURERAL H	metic part B 15 1966 Charles Judge

CETSU AND REPORTED TO A STATE OF THE Englishmetrite Heartdiesen The second was the Contract of the second The transfer of the control of the c musing that leaving the leavest the same of the same will be ABUSEAN JELL CHANCES SYNESOLES MAKED --the control of the second of t

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) . COUNTY hours b. COUNTY a. STATE the tid 2 Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) ande write RURAL and give neerest town) 5 New Windsor Rura New Windsor vears filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Rural YES NO W completely 3. NAME OF First paper Middle Last 4. DATE Dev Month Year DECEASED OF (Typa or print) and c. carbon p. within DEATH 19 66 Pebruary 5. SEX OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months WIDOWED DIVORCED Mal certificate 9 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Laborer Raltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affendi ā Franc Steinberg Schull t.z 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT requires that the (Yes, no, or unkown) | (Ifyes give wer or detes of service) signed by the permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 20 IMMEDIATE CAUSE (e) burial-transit DUE TO aftending Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying burial, cause lest. the (c) certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as 0 PERFORMED? prior NO use After this ce 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I of Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH Health IIF EITHER, NOTIFY MEDICAL EXAMINER detached WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 Month, Dev. Year 20f. (City or town) (County) (State) fectory, street, office bldg., atc.) Hour a.m. While Not While jo et work at work 21. I certify that (I) (this hospital) attended the deceased from..... 194.4, that (1) (wo) last 4144.19....., and that death occurred al 36 A. saw the deceased alive on... from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED MED DIRECTOR death. Page 4 PHYS. PHYS. M.D. HOSPITAL page with t 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) E. Robertson director, pure 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Greenwoods Cemeterv New Windsor Rura 25 PART D BY REGISTRAR 256. FUNERAL DIRECTOR'S. 966 VR A15 (4) DATE 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and we are, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

OEK III IOA	IL OI DEATH	16141
PLACE DF DEATH     a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	dence before admission)
G = 7 7	e. STATE b. COUNTY	22.27.7
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARYLAND  C. LENGTH OF STAY IN 1		nd give nearest town)
Westminster 2 days	New Windsor Rural 0	1 - 1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addres	d. STREET ADDRESS	I e. IS RESIDENCE
		ON A FARM?
Carroll County General Hospital	None	YES ND K
DECEASED	Last 4. DATE Month	Day Year
(Type or print) ETHEL Luella	STRINE DEATH I	3 1966
5. SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED	8. DATE DE BIRTH 9. AGE (In years   IFUNDER 1 Y	YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	0 1 3 00 3 00 5	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR		ZEN OF WHAT
during most of working life, even if retired) INDUSTRY	cour	NTRY?
housekeeper own home	Maryland   US	A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Nathan Haines	Dolly Carr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	7. INFORMANT Addunion	Bridge
	Ralph W. Strine Rural-Mary	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.		DNSET AND DEATH
IMMEDIATE CAUSE (a) CONGESTIVE	HEART FAILURE - INTRACTION	E /WK
443X DUE TO		
Conditions, If any, which by HYPERTENSIVE	ARTERIOSCLEROTIC	
gave rise to Immediate		
cause (a), stating the [	PASCULAR DISEASE	YEARS
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE		119. WAS AUTDPSY
O a	•	PERFORMED?
BRONGHO PNEUMO		YES NO
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE  BRONG NO PNEUMO O  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH  BRONG PNEUMO O  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
	PLACE OF INJURY (Home, farm,   20f. (City or town) (Count	y) (State)
100	ctory, street, office bldg., etc.)	y) (State)
Hour a.m.  p.m.  19   While   Not While   at work		
21. I certify that (I) (this hospital) attended the deceased from_	2/1 1966 to 2/3 1966	that (I) (we) last
saw the deceased alive on $\frac{3}{3}$ 1966, and the	hat death occurred at 735M, from the causes and on the	date stated above.
22a. SIGNATURE	22b. DAT	
14/ Just A Kenny Ch.	ATTENDING MED. STAFF	3/11
220. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.   22d, ADDRESS	3/00
NAME (Type)	Westminster, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETE REMOVAL (Soecify)	ERY OR CREMATORY 23d. LOCATION (City, town or count	(State)
Burial   2/0/00   Sams Creek	Cemetery New Windsor Rur	al Md.
24. FUNERAL DIRECTOR, ADDRESS,	254 REC'D BY REGISTRAR   25b. REGISTRAR'S	
1)10 Hatter & Some Mucliliands	es marte 8 1956 Pelianda	Quelas
To the power free winder	ou, MATORIE 1000 for artis	mage.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then persections among about 2 hours after death, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and pranty event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION

	OMTO	-		ALE C	IE OF DEATH					1		
						2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
a.	. COUNTY	1 11				a. STATE		b. COU				
		CARROLL		MARYLANI		MA	RY/AIV	2			1	
b.	Write RURAL	N (if outside corporand give nearest to	ate limits, wn)	c. LENGTH OF STAY IN	1b c. (	ITY OR TOWN (II	f outside co	rporate limits, w	rite RURAL	and giv	e neares	st town)
	RA/- 9	YKESVILLE		44 Y- 11 Ma.		29 1	TO			30	-4	
d	. NAME OF HO	SPITAL OR INSTITUTI	ON (if not in h	ospital, give street addre	ess) d. S	STREET ADDRESS				е	. IS RES	
	SPRIN	Gfield S	TATE	HOSPITAL.		NONE				γ		NO 🔀
3. N	AME DF		Irst	Middle		Last	4. DATE	Mon	th	Oay	Yea	ar
	ECEASED Type or print)	5	AdiE			TALKIN	OF DEAT	н 2		12	. 19	66
5. SI	EX	6. COLOR OR RACE		NEVER MARRIED		ATE OF BIRTH	19	AGE (In years	I IF UNDER	-		
-			7. MARKITED		0	~ ^	0	last birthday)	Months	Oays	Hours	Min.
-	EMA/E	WHILE	WIDOWED		] 7	-3-4	7	CPG yrs.				
1Da. U during	SUAL OCCUPAT g most of work	TION (Give kind of wor ing life, even if retir	kdone 10b. K ed) I	(IND OF BUSINESS OR NDUSTRY	11	. BIRTHPLACE (C	county & Stat	e, or foreign countr	y) 12. C	ITIZEN ( OUNTRY	?	
	NO	NE				MARYIA					US.	9
13.	FATHER'S NAM	E			14.	MOTHER'S MAI	OEN NAME					
	NATH	ANIEL T	TALKIN			Bessie	DII	NN				
15. W	VAS DECEASED	EVER IN U.S. ARMEOF	ORCES?   16.	SOCIAL SECURITY NO.	17. INFO		000	Addre	ess			
	. /	(If yes give war or dates	of service)		20	1111	//	0 . 1.	0		11-	a. 1
	Vo				PRIN	chield t	105P.	Records	- SYKE			
11				line for (a), (b), and (c).]		1.			- V. M.		RVAL BE	
	PART I. OF	EATH WAS CAUSEO B IMMEDIATE CAUSI	Y:	WARAIL	90	101	UR	E DU	= 10	1	40	2
	420	1		- June					0			3
	enditions, if		E TO	25011	7		Co	RONOK	4 /1	1220	1000	161
	ave rise to		(b)	11001		•					4	40
	ause (a), s	\ 0111	E TO							1000	No.	
	inderlying caus	e last.	(c)									
CERTIFICATION												
CAT	Savin	ADURANIA	- HE	4						YES		NO X
		WAS UNDERLYING F		OESCRIBE HOW INJURY O	CCUPPED	(Enter nature o	f Inlury in I	Part I or Part II	of Item 18			ומן יוו
E 0	R CONTRIBUT	ING CAUSE OF DE	ATH LOU.	OLSCRIBE HOW MOOK! O	CCORRED	. (Litter Hature o	i injury in i	rait I OI Fait II	01 140111 10	.,		
1	IF EITHER, NO	TIFY MEDICAL EXAM	INER)									
MEDICAL		INJURY Month, Day,	, Year   20d. I	NJURY OCCURRED   20e.	PLACE OF	INJURY (Home, f.	arm, 20f.	(City or town)	(Co	unty)	(5	State)
8	Hour a.r		While at wor	MOL MILLIE	actory, str	eet, onice bidg., e	51G.)					
2 -	p.(					2 25,	92/ to	2-1	1 10 1	66 14	-A (II) (	we) last
				led the deceased from.			200					
		ceased alive on	e/, ==	12 19 66, and	that dea	th occurred at_	1 P.M. 1	rom the causes	and on 1	the date	stated	abbve.
2	22a. SIGNATU	RE Q 2	2	1/m	2/ 1	TTENDING -	MEO.	STAFF	22b. C	ATE SIG	MED	
	Rek	e Mit	Trees	2011/2000	M.D. P	HYS.	DIRECTOR	PHYS.	12/1	15/	66	0
2	22c. PHYSICIA		1.0	~ /	12	22d. ADORESS	C		_			1,
	NAME (T	CI NE	tort 1	RIVIKUN	5012	-90.75 .	2/10	NG FIE	ZOS	74/	E 14	600
23a.	BURIAL, CREM	IATION, 23b. OATE	THEREOF	236. NAME OF CEMET	TERY OR O	REMATORY	1 23d. I	OCATION (City, 1	own or co	untv)	(\$1	tate)
0	REMOVAL (Sp		lala	- P.O			12	80	7	0.		rh
100	Min	2000	100	LAN OF	sano	1 050 05	OID DV BEG	HOTOAD LOSS	FOICTOAN	Television .	ATIONE	-,-
24.	FUNERAL DIRE	S Tours	ason	3219 Oly	m. 1.1	Own Zoa. RE	C D BT REG	ISTRAR   256. F	REGISTRAR	2.21GM	ATUKE	
1	Juna	- 0		221109		DATE	15	19661 20	Mary	20 Ja	edge.	

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	MARYLAND S	TATE DEP	ARTM	ENT OF	HEALTH			
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, M/	ARYLAND
	OFDI	CICIOATE	OF	DEATH			0.3	67 a a

	02132 CERTIFICAT	E OF DEATH	2143
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	idence before admission)
4	a. COUNTY CARROLL MARYLAND	a. STATE b. COUNTY	RRO11
-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a	
1/	write RURAL and give nearest town)	Pr 1 C. Kacilla	-///
17	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	LUCAT SYNCSVITTE	e. IS RESIDENCE
1	110 F 1/. 1 1	d. STREET ADDRESS	ON A FARM?
_	109 E. Hemlock Drive	107 E. Hemlack Drive	YES NO X
3	3. NAME OF First Middle	Last 4. DATE Month	Day Year
Ð	(Type or print) Wade T. T.	homoson SR DEATH Feb. 11	1966
5	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIEO	8 DATE OF BIRTH 19 AGE (In years   IF LINDER 1	YEAR IF UNDER 24 HRS.
1	MALE (1) hite WIDOWED DO OIVORCED	1-7-1895   last birthday)   Months   D	ays Hours Min.
10	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CIT	IZEN OF WHAT
d	during most of working life, even if retired) INOUSTRY	Mariland	NTRY?
1	Store OWNER Food	14. MOTHER'S MAIOEN NAME	37
	the war all	1:11 0-	100
-	15. WAS DECEASED EVER IN U.S. ARMED PORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
Ċ	(Yes, no, or unkown) ((If yes give war or dates of service)		11. 11
	No $I$ $I$ $I$	c. Wade Thompson Ir. Wood	bine, IVA.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
Ь	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Doute Cocopes	y Theenbesis	iA - ( -
Т	4201 DUE TO		MILLES
	Conditions, If any, which ) (b) CARVING F	2:/11001	+0
	gave rise to immediate	77.77	
	underlying seven leet	a generalized.	
NO		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CFRTIFICATION	NATION OF THE PROPERTY OF THE		PERFORMEO?
	20a ACCIDENT WAS LINDERLYING CT   20b DESCRIBE HOW INTIRY OCCU	JRREO. (Enter nature of Injury In Part I or Part II of Item 18.)	115
FR	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	or rest in the state of injury in rate i of rate is of rests 20.7	
		OF OF INDIPY (Home form I got (filty or form)	ty) (State)
130	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Hour a.m.   While   Not While   factor   at work   at work	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)	ly) (State)
ME	p.m. 19 at work at work		
	21. I certify that (!) (this hospital) attended the deceased from	Nec , 1966, to 2-11, 196	c, that (I) (we) last
4	saw the deceased alive on 2 - 11 19 66, and tha	t death occurred at SAM, from the causes and on the	
	22a. SIGNATURE		TE SIGNED
	Shirtand & Hall M.	D. ATTENOING MEO. OIRECTOR PHYS. 12-1	2-66
	22c. PHYSICIAN'S NAME (Type)	22d. AOORESS	
	HOWARD E. HALL	Agreemen, the	
2	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or coun	ty) (State)
	BURIAL (Specify) 2-13-66   Springfield	Cemerry Sykesville	Md,
7	24. FUNERAL OIRECTOR ADORESS	252 REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	HADRIX YU. HAINST Suterville Y	d. DATEEB 15 1968 Icharles	Judge.
-	There are the services to	TO TO TO TO TO	1 1

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A SAMALAN

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THREAT SAME

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funeral 24 hours after the d by th .5 Pages filled hours aft completely papers. 72 5 and cor S. SEX death certificate be physician please eftending the permit. physician. signed by burial-fransit affending been has the ö ed by the hospital o After this certificate CERTIFICATION hospital use for detached DR A.

DIRECTOR:
A should be defined be defined be defined be defined by the bed by the FUNERAL director, page be filed with th H VR A15 (4) 1SM 7/61

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH . COUNTY b. COUNTY MARYLAND (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town d. STREET ADDRESS . IS RESIDENCE INSTITUTION (if not in hospital, give street eddress) d NAME OF HOSPITAL ON A FARM? YES NO 3. NAME OF DATE Day Middle Month Year OF DECEASED DEATH (Type or print) 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED 106. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) LTIMORE CLERK - RETIRED TRUST 13. FATHER'S NAME HAGER WILLIAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ERIUSCLEROTIC Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO A 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 2De. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De, PLACE OF INJURY (Home, form, (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2Df. (City or lown) (County) tectory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m 21. | certify that (I) (this hospital) attended the deceased from .... saw the deceased alive on. 220. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN' NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) Baltimore. Buria New Cathedral Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE H.W.Jenkins & Sons Co. York Road

Balto 12.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shound be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02194 CERTIFICATE OF DEATH

OMITOR							UN	12.)	
1. PLACE OF DEATH				2. USUAL RESID	ENCE (Where d			sidence before	re edmission
	Carroll		MARYLAND	e. STATE	Md.	b. COUN	ltimor		1
b. CITY OR TOWN (if	outside corporete limits,	c. LEN	NGTH OF STAY IN 16	c. CITY OR TOV		porete limits, write			town)
Sykesy	give neerest town)			Rendell	stown 2]	122	12	2	
	AL OR INSTITUTION (if n	ot in hospitel, giv	ve street eddress)	d. STREET ADDR			00.	0. 15	RESIDENCE
Dallan No.	and an Hama			date Tak	market na				N A FARM
3. NAME OF	rsing Home		Middle	8815 Lib	erty Ha.	Monit		Dev Y	NO NO
DECEASED	** 1				OF				eer .
(Type or print)	Howard		E	Triplett	DEATI	re	b.		9 66
. SEX	6. COLOR OR RACE 7.	MARRIED N	EVER MARRIED	8. DATE OF BIRTH 18	91	9. AGE (In yeers last birthday)			ER 24 HRS
male	white v	VIDOWED [	DIVORCED [	Dec. 17. 18	91	74 yrs.	Months De	ys Hour	Min.
Oe. USUAL OCCUPATI	ON (Give kind of work	10b. KIND OF		RY 11. BIRTHPLACE (		r foreign country)	12. CITIZ	EN OF WHA	T COUNTR
letired char	king life even if retired)	100						CA.	
3. FATHER'S NAME	mier	Dat co.	, asphalt	14. MOTHER'S MAI	DEN NAME		U	SA	
77.4									
Edward T		-2 144 22 244		Sara Cat	herine L				-
Yes, no, or unkown)   (If	R IN U.S. ARMED FORCE yesgivewerordetesofserv	ice) 16. SOCIAL	SECURITY NO. 17.	INFORMANT		^Rar	dallst	own,	21133
no			5 8471 Mr	s. Elsie B.	Triplet	t. 8815	Libert	v Rd.	
18. CAUSE OF D	EATH [Enter only one ca					, , , ,		INTERVAL	
	WAS CAUSED BY:	Chronic	aethma. A	rterioscle:	roeie c	eneralia	ed	ONSET AN	
1 1 1	MMEDIATE CAUSE (e)	CHIOHIC	ascillia, r	il tel lostie.	10313, g	eneratio	eu	1/2	5/66
7601	DUE TO							un	til
Conditions, if eny	which ) (b)	Diabet	es; Cystit	is				2/3	166
gave rise to immedia	DUIT TO								4
(e), steting the unceuse last.	Identifing	Post o	nerstive r	rostatecto	7037				
	SIGNIFICANT CONDITIO					COMPITION CIV	CAL INI DA DE 1	(-) ( 10 ) V/A	C ALITORES
PARI II. OTHER	SIGNIFICANI CONDITIO	NS CONTRIBUTI	NG TO DEATH BUT N	OI KELATED TO THE TE	KWINAL DISEASE	CONDITION GIV	EN IN PAKE I		S AUTOPS
								YES [	NO [
	AS UNDERLYING [] :  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCUR	RED. (Enter nature of inju	ury in Part I or Per	t II of item 18.)			
		20d. INJURY	OCCUPRED 1 20- BI	ACE OF INJURY (Home	form 1 201 (C)		(County		(51-1-1
20c. TIME OF INJUI	( Monin, Dey, Teer			ctory, street, office bldg.		ty or town)	(Count	<b>A</b> 1	(State)
p.m.	19		t work						
21. I certify th	nat (I) (this hospital)	attended th	e deceased from	Jan. 25	19.66 to	Feb. 3	1966	6. that (1)	(we) la
	ed alive on Feb								
226. SIGNATURE	Howard	E N	ell #	ATTENDING PHYS.	MED. DIRECTOR [	STAFF PHYS.	Feb.		126. DATE SIGNE 966
22c. PHYSICIAN'S				22d. ADDRESS					
NAME (Type)	Howard E.	Hall. M.	D.	Svk	esville.	Marylan	d		
30. BURIAL CREMATIC	ON, 23b. DATE THEREO		NAME OF CEMETERY			ATION (City, to)			(Stete)
REMOVAL (Specify)						, , , , , , , , , , , , , , , , , , , ,			, ,
burial	Feb. 6,	1966 Je	ennings Cha	apel	Howa	rd Co	Md.		
4 FUNERAL DIRECTOR	'S SIGNATURE	7 7 7 7 7	ADDRESS 2113	3 25a.	REC'D BY REGIS	STRAR 256. REC		1	
oring Byen	8728 Tabe	mt w RA	Pandalla	Ma DAT	B 7 19	66	arles !	udge	

VR A15 (4)

Ealthorn	.634		Iferno)
	Mandellabout		Sycertille
	the verodid 1188		Pallen Marsing Lowe
Feb. 3	1981	3	
	17, 1911	000 E	edita elem
USA	je sameni M	Bilton, and alt &	new charles
Jundallatoun, 21133	Sara Datherine Dean		dielgial barrha
	Mais S. Triplett, St		
		con evirtungs real	
	160 - 3 - 10 - 10		He was a second to
11 5 .de. 3, 1900 Land		in a second of the	A Same of
			Luring - ers, 8728 Liber

Item 21 F5 Im G57	6 5/5/66	mh	
PLACE OF DEATH a. COUNTY Carroll MARYLAND	2. USUAL RESIDENC	E (Where deceased lived, if instity yland 21217)	ution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If	outside corporete limits, write	RURAL end give nearest town)
Rural) Sykesville   ly 2m 5d	Bal	timore City	30 -4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)			e. IS RESIDENCE ON A FARM?
ringfield State Hospital	160	2 Booker Court	YES NO X
NAME OF First Middle DECEASED (Type or print) Arthur Lee	Last Vaughn	4. DATE Month OF DEATH 2	9 19 66
SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
male Negro WIDOWED DIVORCED	5-17-02	63 yrs.	onths Deys Hours Min.
a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ring most of working life, even if retired)  Laborer  Laborer	Virgin	ia	USA
FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME	
unknown	unkno	wn	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unkown)   (If yes give war or dates of service)	INFORMANT	Address	
unknown 218-01-8017	Hospital R	Records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  HMMEDIATE CAUSE (a)  DUE TO  Conditions, If eny, which gave rise to immediate cause (a), stating the  DUE TO  OUE TO	opneumonia		INTERVAL BETWEEN ONSET AND DEATH
underlying cause last.  PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI Chronic brain syndrome, with cerebr psychotic reaction.  20a. ACCIDENT WAS UNDERLYING COOR CONTRIBUTING COOR CONTRIBUTING COOR CONTRIBUTING COOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	al arterios	clerosis With	YES NO
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, f tory, street, office bldg., e	etc.)	(County) (State)
21. I certify that **D (this hospital) attended the deceased from saw the deceased alive on 2-9-19-66, and the 22a. SIGNATURE  22c. PHYSICIAN'S **HELLER H. Klaatsch, M.D.	at death occurred at ATTENDING DHYS. 22d. ADDRESS	MED. DIRECTOR STAFF PHYS. C	
4. FUNERAL DIRECTOR ADDRESS	bur N 25a. RE	23d. LOCATION (City, tov BA 1-0. EC'D BY REGISTRAR 25b. REGISTRAR	Mol.
MORTON + DORT F. H. 1701 LAUN	ENS DATEF	ED 14 1300 F	0 0

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY after ges 1 after MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Page within 72 hours a write RURAL and give peatest town) hours Culstminates d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address filled d. STREET APPRESS e. IS RESIDENCE ON A FARM? YES NO X within completely ve carbon p NAME DE First Middle Last DATE Month 4. Day DECEASED ve carb event, DF 3 (Type or print) DEATH 19 executed SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 8. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) | Months | Days WIDOWED DIVORCED siciam and line 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY & COUNTRY? physical n certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. removal attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) the INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the al-transit p PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) burial-tra Conditions, if any, which been rise to immediate the r DUE TO cause (a), stating the as th ERIOSCHEROTIC LARDIOUASCULIAR underlying cause last. has CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY r this certificate h detached for use ite Dept. of Health for use Health use PERFORMED? YES ND -PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After d be d While Not While be ATTENDING at work at work retained DIRECTOR: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3 3M. from the causes and on the date stated above. 66 saw the déceased alive on 22a. SIGNATURE 22b. DATE SIGNED pe page . ATTENDING LUCETA M.D PHYS. DIRECTOR PHYS. HOSPITAL FUNERAL PHYSICIAN'S director, p 22d. ADDRESS NAME (Type) 0 Page BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) LOCATION (City, town or county) REMOVAL (Specify) 2 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25a. 25b. VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH					
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MARYLAND			
02197	CERTIFICATE OF DEATH	021			

1	11213		T	CERTIFICAT	E OF DEATH	T.		U	Les T 3	(0)
1.	1. PLACE DF DEATH 1/2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)						(noission)			
	a. COUNTY				a. STATE		b. COUNTY			0
7	Carrol]			MARYLAND	Maryland	1		derick		
	b. CITY OR TOW write RURAL	/N (if outside corpora and give nearest to	ite limits,	c. LENGTH OF STAY IN 1b	c. CITY OF TOWN (I	f outside corpor	ate limits, write	RURAL and g	ve neare:	st town)
	Sykesvi	lle		Lyr.8mos.29dy	s. Frederi	Vok Mt.	Airy	10.	- 2	
				hospital, give street address	d. STREET ADDRESS	Rt. 2				SIDENCE FARM?
		cield State	Hospi	tal	Monteyue A	200	lowe			NO 🔀
3.	NAME DF DECEASED		irst	Middle	Last	4. DATE	Month	Day	y Ye	ar
	(Type or print)		ARY	ANN	WELTY	DEATH	FEBRUAL	RY 25	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIEO	8. OATE OF BIRTH	9. A	GE (In years   IF			
12	Female	White	WIDOWE	D OIVORCED	9-2-1874	91		onths Days	Hours	Min.
10: du	a. USUAL OCCUPATING most of work	FION (Give kind of work ling life, even if retire	done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (	County & State, or		12. CITIZEN COUNTR	OF WHAT	r
	Housewif				Marviland				U.S.	Α.
13	. FATHER'S NAM	1E			14. MOTHER'S MAI					
	Absolom	Hughes			Wilhelm	nina Kust	er			
15	. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES?   10	6. SOCIAL SECURITY NO.   17.	INFORMANT	22.00	Address			
	es, no, or unkown)	(If yes give war or dates	of service) 2	214/10/1576	Records, Spr	ringfield	State	Hospi ta	1	
-	18. CAUSE DF	DEATH [Enter only or	ne cause per	line for (a), (b), and (c).]				INT	ERVAL BE	TWEEN
1		EATH WAS CAUSED BY	1.					ON	SET AND	OEATH
	11 11 1	IMMEDIATE CAUSE	(a) Ur	emia				We	eks	
1	446	OUE	TO							
	Conditions, If	,		phrosclerosis				Va	ars	
	gave rise to		(-)						41.0	
	cause (a), s		_							
z	underlying caus		1-1	neralized arter				Ye	ars	170001
ATIO	CBS asso	significant condition of with se	onscontri	BUTING TO DEATH BUTNOT REL rain disease, T	ATED TO THE TERMINAL	DISEASE CONDIT	ION GIVEN IN PA : ຳ ດກ		WAS AL PERFOR	RMED?
5									ES 🗌	NO X
CERTIFICATION	DR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATIFY MEDICAL EXAMI	TH NER)	OESCRIBE HOW INJURY OCC	URRED. (Enter nature of	of Injury In Part	l or Part II of I	tem 18.)		
		INJURY Month, Day,		INJURY OCCURRED 120e. PL	AOF OF INDIDIVATIONS A	1 006 (DH		(0 c t)		(04042)
13	Hour a.i			fact	ACE OF INJURY (Home, fory, street, office bldg.,	etc.)	y or town)	(County)	(6	State)
MEDICAL	р.		While at wo				200			
	21. I certif	y that (I) (this hos	pital) atten	ded the deceased from	5-26-64	19	25-66	, 19, t	hat (I) (v	we) last
	saw the deceased alive on 2-25-66 19 and that death occurred at 100 M, from the causes and on the date stated above.									
	22a. SIGNATURE 22b. DATE SIGNED									
	Dr. Chitorius Calling MED. STAFF STAFF 2-25-66									
	22c. PHYSICIA NAME (T				22d. AODRESS S	pringfie	Id State	Hospi	tal	
	MAME (I	Antonius	s Glah	n M.D.	S	ykesvill	e, Mary	land	QUI. ala	
238	BURIAL, CREM	ecify)		23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCA	TION (City, tow	n or county)		tate)
	-00		1,196				rick, M	aryland	LATILOT.	
24	24. FUNERAL DIRECTOR 3 ADDRESS Maghet 250. REGISTRAR'S SIGNATURE									
	Vaile	15 June	CAN I	grie Frelevi	emd offer	2 196	6 July	welly &	edge.	
				/						

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page that be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temper carbon papers. Pages 1 and 2 shoeld be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 15M 7/61

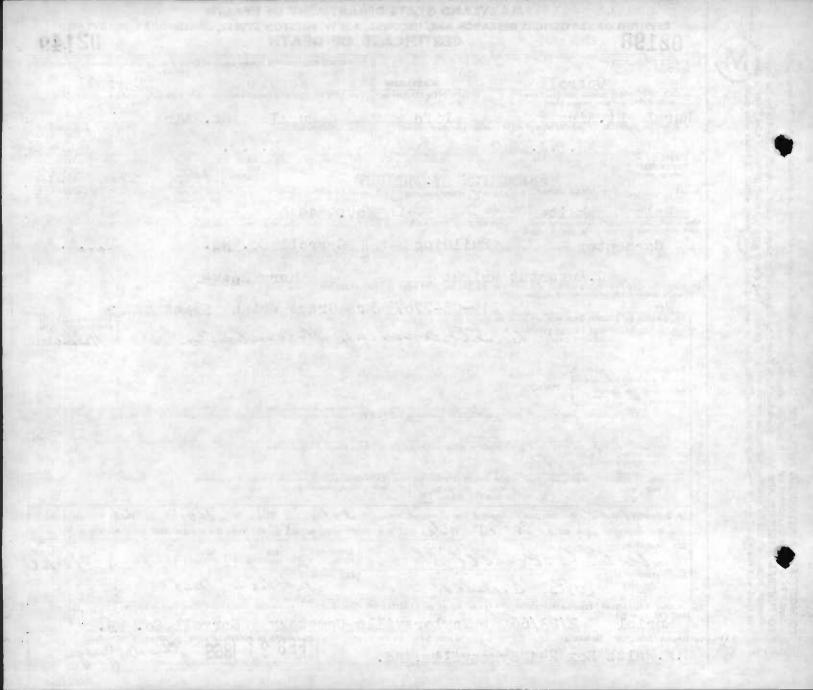
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DIVISION OF STATISTI 02198

MARYLAND STATE DEPARTMENT OF HEALTH	
CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	
CERTIFICATE OF DEATH	112149

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare decessed lived, If institution: Residence before admission)				
a. COUNTY Carroll MARYLAND	Maryland b. County Carroll				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)				
Rural Mt.Airv Life	Rural Mt. Airy 06-1				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS				
R.F.D. # 2	R.F.D. # 2 ON A FARM?				
3. NAME OF first Middle DECEASED	Last 4. DATE Mogth Day Year				
(Type or print) FREDERICK T. WRIG	SHT DEATH Jel. 20 1966				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, last birthday) Months Dave Hours Min				
Male   Wh ite   WIDOWED   DIVORCED	Nov. 9 1910 55 yrs. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired)					
Carpenter Building	Carroll Co. Md. U.S.A.				
G. Augustus Wright	Mary Reaver				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yes, no, or unknown)   (Ifyesgive war or dates of service)	INFORMANT				
	Mrs Grace Wright Same as # 2				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTÉRVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	ran Thrombora / hayen				
	rusur prisur				
4201 DUE TO					
Conditions, if any, which (b)					
gave rise to immediate cause (a), stating the underlying DUE TO					
cause last. (c)					
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY				
O E	PERFORMED?				
<u>   </u>	YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20s. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)				
ZOG. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)				
Hour a.m. While Not While fac	tory, street, office bldg., etc.)				
p.m. 19 at work at work					
21. I certify that (I) (this hospital) attended the deceased from	14/4 , 1965, to 766 , 1966, that (1) (we) last				
saw the deceased alive on 36 18 1966, and that	t death occured at FM, from the causes and on the date stated above.				
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED				
Wallwell ,	A.D. PHYS. DIRECTOR PHYS. 2/2/1/1/2				
22c. PHYSICIAN'S	22d. ADDRESS				
NAME (Type) WB Culwell	mtany, mo				
238. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (State)				
REMOVAL (Specify)					
	lle Cemetery Carroll Co. Md.				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25 REGIO BY REGISTRAR 256. REGISTRAR'S SIGNATURE				
C.M. Waltz Box 241 Sykosville Md.	DIED 24 1956 Charles Judge				



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If Institution: Residence before admission) COUNTY b. COUNTY the d MARYLAND death. and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) 2 write RURAL and give nearest town) 24 =hours after manchester, mars Pages within filled d. NAME OF HOSPITAL OR INSTITUTION lif not in hospital, give street address d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Z completely papers. NAME OF First Middla 4. DATE Month Day Yaar DECEASED OF (Type or print) DEATH C 19 0 arbon withi 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) Months Days WIDOWED DIVORCED certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY (County & State, or foreign country) dona during most of working life, even il retired) Houseles please 13. FATHER'S NAME MOTHER'S MAIDEN NAME 2 affending and welch Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address removal, (Yas/no, or unkown) | (If yas give war or datas of servica) requires that permit. 18. CAUSE OF DEATH [Enter only one causa physician. INTERVAL BETWEEN signed by ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) cremation, burial-transit **DUE TO** the hospital or attending Conditions, if any, which this certificate has been gave rise to immadiata cause DUE TO burial, (a), stating the undarlying cause last. the (c) PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? NO A use prior 20a, ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING THE CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) DIRECTOR: After this c should be detached for Health (IF EITHER, NOTIFY MEDICAL EXAMINER) P WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) be retained factory, street, office bldg., etc.) Whila Not While jo Hour a.m at work at work 19 n.m 12. 19.66sthat (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. State saw the deceased alive on... Truly 12 19 6 6, and that may 22a. SIGNATURE 22b. DATE ATTENDING MED 3 death. Page 4 DIRECTOR PHYS. PHYS. M.D. HOSPITAL page with th PHYSICIAN' 22c. 22d. ADDRESS filed v 23c 23a. BURIAL, CREMATION, | 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. (State) REMOVAL (Spokify) 0 5 3 FUNDRAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 25b. VR A15 (4) DATE 20M S-63

ARYLAND STATE DEPARTMENT OF HEALTH